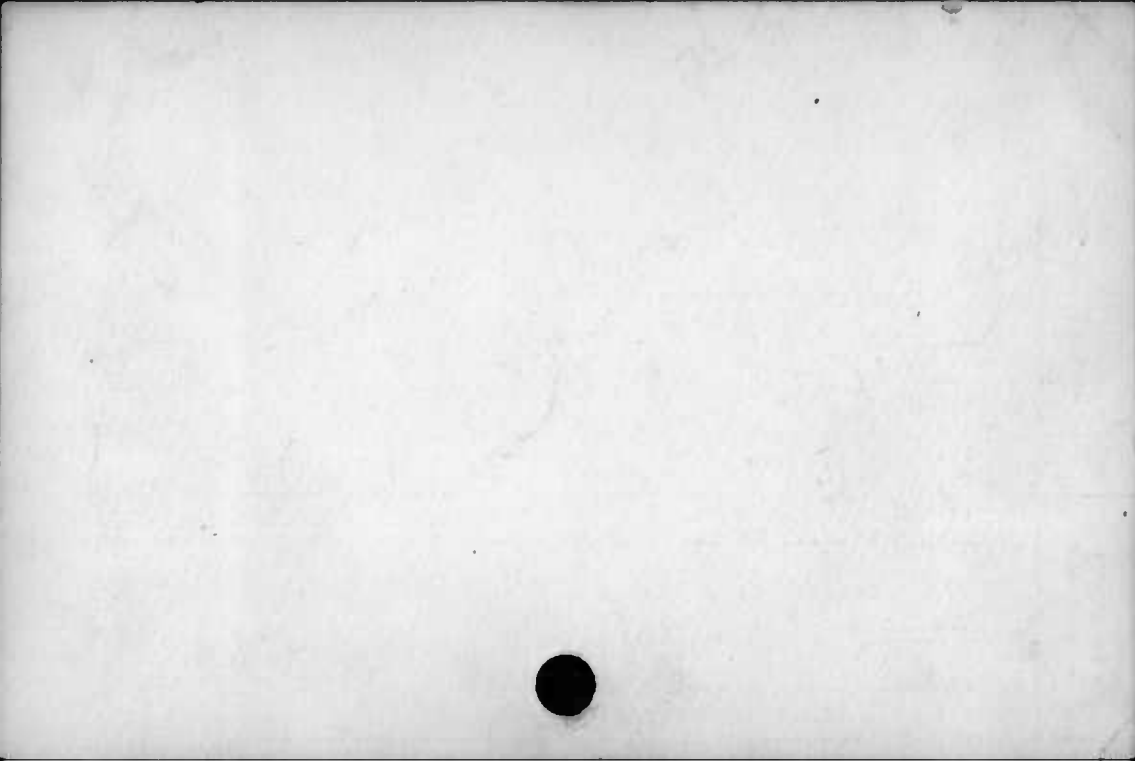


|                                     |  |  |                   |            |                         |   |                         |                       |         |       |   |        |    |      |
|-------------------------------------|--|--|-------------------|------------|-------------------------|---|-------------------------|-----------------------|---------|-------|---|--------|----|------|
| Name<br>in<br>Full                  |  | William Milchoir Bohn  |                   |            |                         | CERTIFICATE OF DEATH                    |                         |                       |         |       |   |        |    |      |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Town   |                   | County     |                         | MARYLAND                                |                         |                       |         |       |   |        |    |      |
|                                     |  | Died at Cumberland   |                   | Allegheny  |                         |   |                         |                       |         |       |   |        |    |      |
|                                     |  | Date of death  | 1908              | Month      | June                    | Day                                     | 22                      | Age                   | 81      | Years | 5 | Months | 23 | Days |
|                                     |  | Sex  | Male              |            | Color or Race           | White                                   |                         | Birth-place           | Germany |       |   |        |    |      |
|                                     |  | Occupation   | Engineer          |            |                         | Where Residing if not at place of death |                         |                       | —       |       |   |        |    |      |
| PHYSICIAN<br>OR CORONER             |  | Married, Single or Widowed   | Married           |            | Name of Wife or Husband |   | Mary Bohn               |                       |         |       |   |        |    |      |
|                                     |  | Father's Name  | Johan Bohn        |            |                         |   | Father's Birthplace     | Germany               |         |       |   |        |    |      |
|                                     |  | Mother's Maiden Name   | Eva Roth          |            |                         |   | Mother's Birthplace     | Germany               |         |       |   |        |    |      |
|                                     |  | Name of person giving information                                    | Anna Bohn         |            |                         |   | How related to deceased | Daughter              |         |       |   |        |    |      |
|                                     |  |  |                   |            |                         | CAUSES OF DEATH                         |                         |                       |         | (40)  |   |        |    |      |
| PHYSICIAN<br>OR CORONER             |  | Primary  | Cancer of Stomach |            |                         |   | How long                | 3 months              |         |       |   |        |    |      |
|                                     |  | Immediate  | Exhaustion        |            |                         |   | How long                | —                     |         |       |   |        |    |      |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? |                   | Yes        |                         | Signature of Physician                  |                         | James J. Shuman, M.D. |         |       |   |        |    |      |
|                                     |  | Address  |                   | Cumberland |                         | Md                                      |                         |                       |         |       |   |        |    |      |
|                                     |  | Accident or Suicide?   |                   |            |                         |   |                         |                       |         |       |   |        |    |      |



Name  
in  
Full

George Bonert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                       |  |                 |               |
|--|--|-----------------------|--|-----------------|---------------|
| Died at <i>Alms Home Bounded</i>                           |  | County <i>accugan</i> |  | MARYLAND        |               |
| Date of death <i>1908</i>                                  | Month <i>June</i>                          | Day <i>7</i>          | Age <i>70</i>                                    | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i>  | Color or Race <i>White</i>                 |                       | Birth-place <i>Do not know</i>                   |                 |               |
| Occupation <i>carpenter</i>                                |  |                       | Where Residing if not at place of death <i>—</i> |                 |               |
| Married, Single or Widowed <i>Widower</i>                  | Name of Wife or Husband <i>Do not know</i> |                       |  |                 |               |
| Father's Name <i>Do not know</i>                           |  |                       | Father's Birthplace <i>Do not know</i>           |                 |               |
| Mother's Maiden Name <i>Do not know</i>                    |  |                       | Mother's Birthplace <i>Do not know</i>           |                 |               |
| Name of person giving information <i>Taken from papers</i> |  |                       | How related to deceased <i>none</i>              |                 |               |

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Diarrhoea, (Old age)</i>   | How long <i>2 wks</i>                     |
| Immediate <i>Exhaustion</i>   | How long <i>2 or 3 days</i>               |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. F. Drigg</i> |
|   | Address <i>Leicester, Ma.</i>             |
| Accident or Suicide?  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |               |     |   |        |          |  |
|-----------------------------------|--|---------------|-----|---|--------|----------|--|
| Died at                           |  | Town          |     | County                                  |        | MARYLAND |  |
| Date of death                     |  | Month         | Day | Years                                   | Months | Days     |  |
| 1908                              |  | June          | 2   | 4                                       |        |          |  |
| Sex                               |  | Color or Race |     | Birth-place                             |        |          |  |
| Male                              |  | White         |     | Crimd.                                  |        |          |  |
| Occupation                        |  |               |     | Where Residing if not at place of death |        |          |  |
| Married, Single or Widowed        |  |               |     | Name of Wife or Husband                 |        |          |  |
| Single                            |  |               |     |   |        |          |  |
| Father's Name                     |  |               |     | Father's Birthplace                     |        |          |  |
| G. Walter Bowman                  |  |               |     | Hardy Co. W. Va.                        |        |          |  |
| Mother's Maiden Name              |  |               |     | Mother's Birthplace                     |        |          |  |
| Elizabeth T. Spicer               |  |               |     | Keyser W. Va.                           |        |          |  |
| Name of person giving information |  |               |     | How related to deceased                 |        |          |  |
| G. Walter Bowman                  |  |               |     | Father                                  |        |          |  |

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary

Suffocated

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

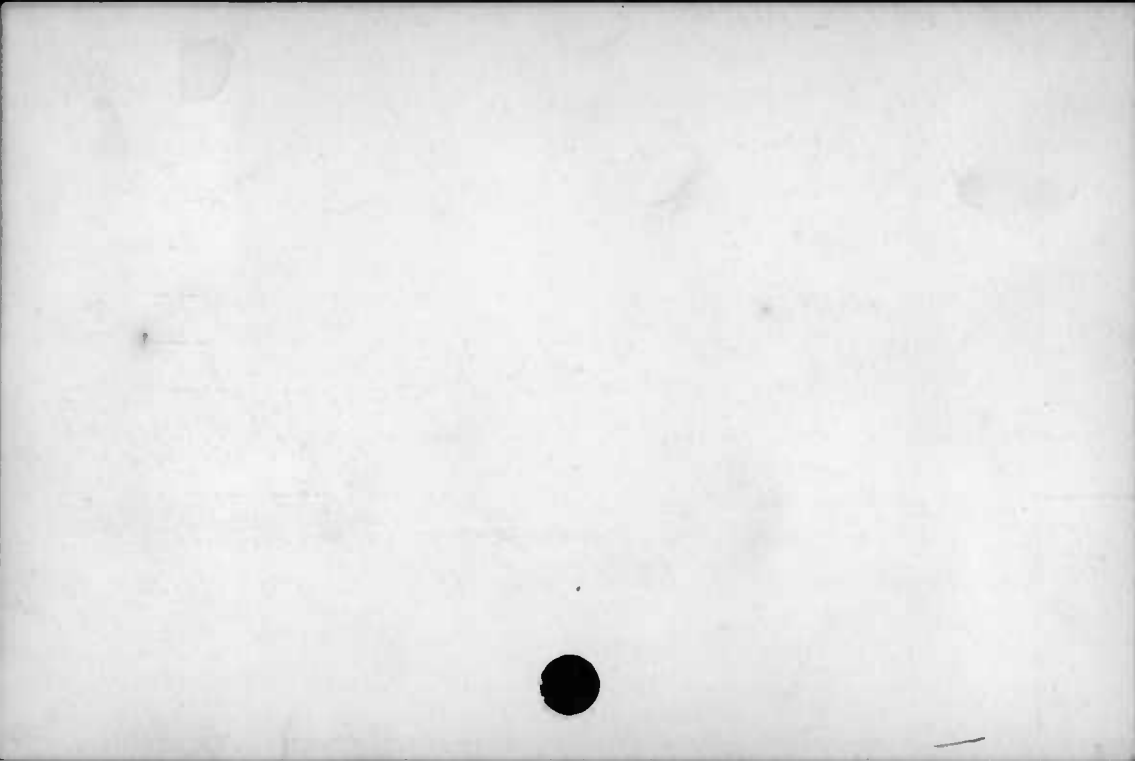
True.

Signature of Physician

Address

G. H. Maltz Coroner  
 Cumberland  
 Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

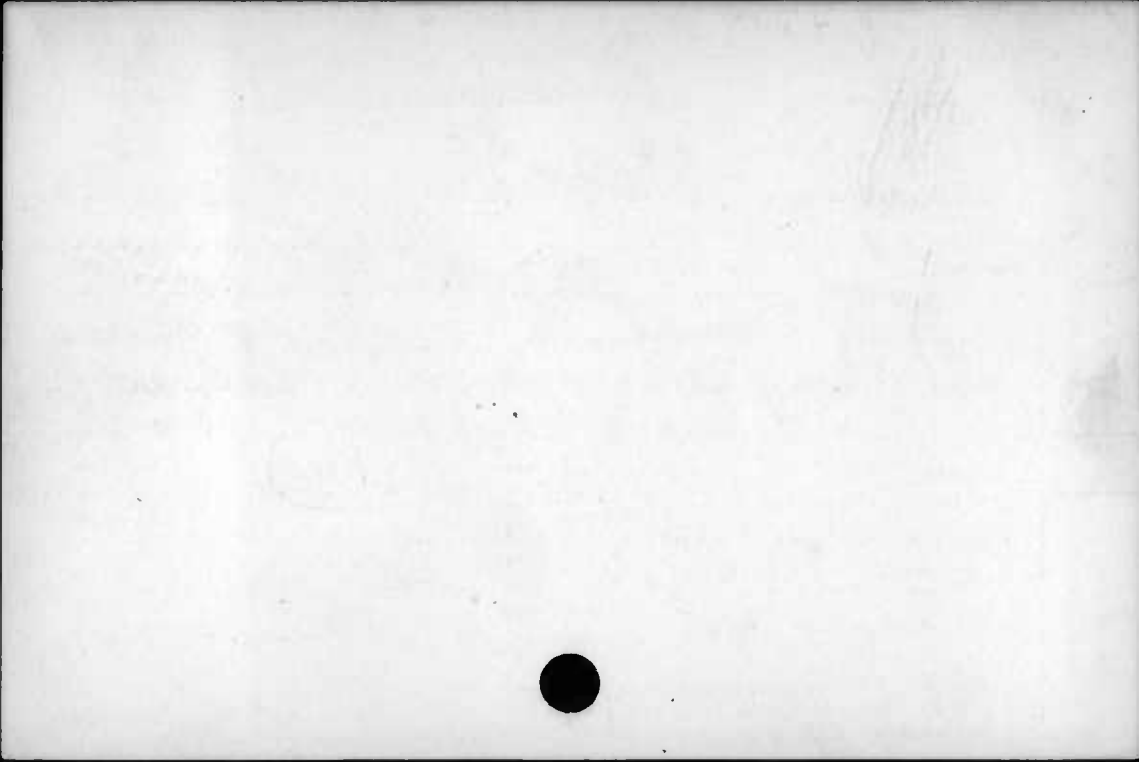
|   |  |  |  |                            |  |                  |  |
|---|--|--|--|----------------------------|--|------------------|--|
| Name in Full<br><i>Mary Jane Brant-</i>                 |  | Town<br><i>Net Sorage</i>                          |  | County<br><i>Allyancy</i>  |  | MARYLAND         |  |
| Died at<br><i>Net Sorage</i>                            |  | Month<br><i>June</i>                               |  | Day<br><i>21</i>           |  | Age<br><i>41</i> |  |
| Date of death<br><i>1908</i>                            |  | Month<br><i>June</i>                               |  | Day<br><i>21</i>           |  | Age<br><i>41</i> |  |
| Sex<br><i>Female</i>                                    |  | Color or Race<br><i>White</i>                      |  | Birth-place<br><i>W Va</i> |  |                  |  |
| Occupation<br><i>Housewife</i>                          |  | Where Residing if not at place of death            |  |                            |  |                  |  |
| Married, Single or Widowed<br><i>Married</i>            |  | Name of Wife or Husband<br><i>Jarome R. Brant-</i> |  |                            |  |                  |  |
| Father's Name<br><i>John Cameron</i>                    |  | Father's Birthplace<br><i>W Va</i>                 |  |                            |  |                  |  |
| Mother's Maiden Name<br><i>Elizabeth Hickel</i>         |  | Mother's Birthplace<br><i>W Va</i>                 |  |                            |  |                  |  |
| Name of person giving information<br><i>Mrs Cassady</i> |  | How related to deceased<br><i>Sister</i>           |  |                            |  |                  |  |

CAUSES OF DEATH

130

PHYSICIAN  
OR CORONER

|  |  |   |  |
|--|--|---|--|
| Primary<br><i>Pelvic Abscess</i>   |  | How long<br><i>several weeks</i>                        |  |
| Immediate<br><i>General Peritonitis</i>  |  | How long<br><i>4 days</i>                               |  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> |  | Signature of Physician<br><i>F. Alan G. Murray M.D.</i> |  |
|  |  | Address<br><i>Net Sorage</i>                            |  |
| Accident or Suicide?<br><i>-</i>   |  | <i>And</i>  |  |



Name  
is  
Full

Percilla Gross Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| Died at <i>Sumterland</i> <sup>Town</sup> <i>Allegheny</i> <sup>County</sup> |   | MARYLAND                             |  |
| Date of death <i>1908</i>  | <i>6</i> <sup>Month</sup>                                 | <i>26</i> <sup>Day</sup>             | <i>61</i> <sup>Years</sup>             |
| Sex <i>Female</i>  | Color or Race <i>Black</i>                                | Birthplace <i>Keyser W. Va.</i>      | Months <i></i> Days <i></i>            |
| Occupation <i>Housewife</i>  | Where Residing if not at place of death <i>Sumterland</i> |                                      |  |
| Married or Widowed <i></i>   | Name of Wife or Husband <i>John F. Brown</i>              | Father's Birthplace <i>unknown</i>   | Mother's Birthplace <i>Garrett Co.</i> |
| Father's Name <i>John Gross</i>  | Mother's Maiden Name <i>Jane Gross</i>                    | How related to deceased <i>Niece</i> |  |
| Name of person giving information <i>Mrs Jacob George</i>                    |   |                                      |  |

CAUSES OF DEATH

104

OR CORONER

|  |   |
|--|---|
| Primary <i>Acute indigestion</i>                                     | How long <i>one night</i>                         |
| Immediate <i>Exhaustion</i>  | How long <i></i>                                  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. H. M. B. Coroner</i> |
|  | Address <i>Sumterland W. Va.</i>                  |
| Accident or Suicide?   |   |

Prase

~~San Francisco~~

5-68-27-

Name  
in  
Full

Barrie Burrill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

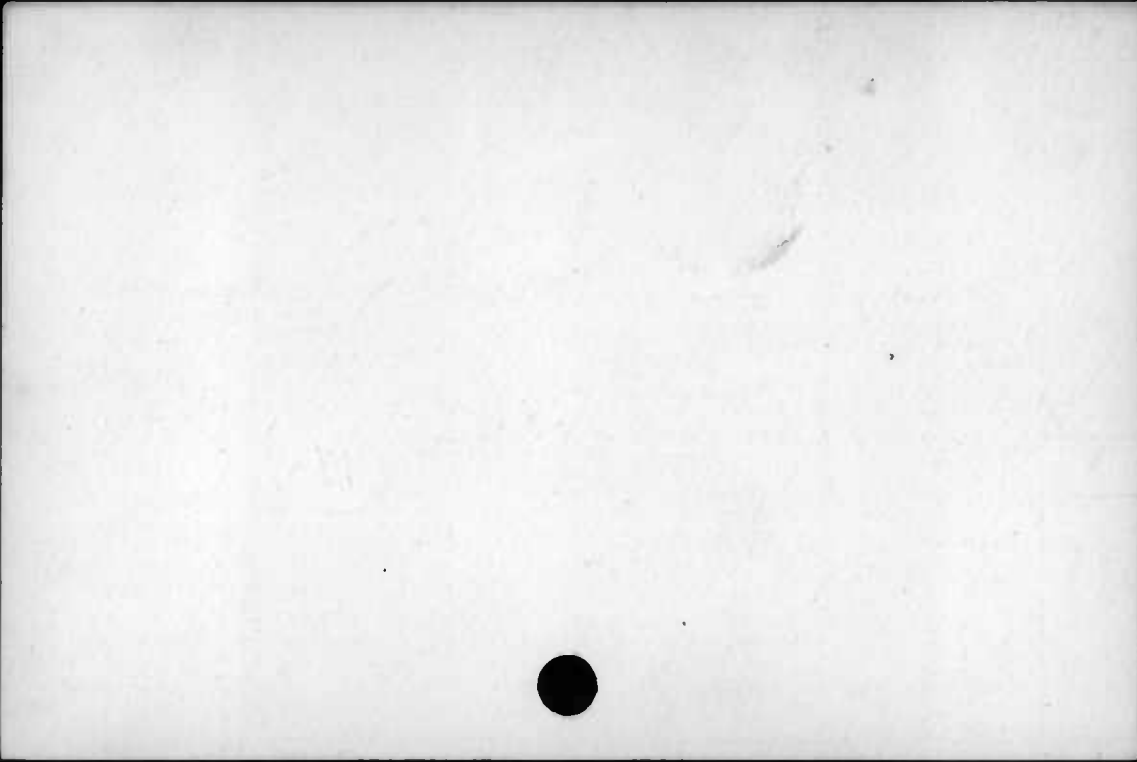
|                                   |                        |                      |                                     |   |           |                         |                 |
|-----------------------------------|------------------------|----------------------|-------------------------------------|---|-----------|-------------------------|-----------------|
| Died at                           |                        | Town <i>Trumbull</i> |                                     | County <i>accugay</i>                   |           | MARYLAND                |                 |
| Date of death                     | 1908                   | Month                | <i>June</i>                         | Day                                     | <i>26</i> | Years                   | <i>23</i>       |
| Sex                               | <i>Female</i>          |                      | Color or Race                       | <i>Colored</i>                          |           | Birth-place             | <i>Trumbull</i> |
| Occupation                        | <i>Domestic</i>        |                      |                                     | Where Residing if not at place of death |           |                         |                 |
| Married, Single or Widowed        | <i>Single</i>          |                      | Name of Wife or Husband <i>None</i> |   |           |                         |                 |
| Father's Name                     | <i>Thomas Burrill.</i> |                      |                                     |   |           | Father's Birthplace     | <i>Va.</i>      |
| Mother's Maiden Name              | <i>Anna Dyer.</i>      |                      |                                     |   |           | Mother's Birthplace     | <i>W. Va.</i>   |
| Name of person giving information | <i>Thomas Burrill</i>  |                      |                                     |   |           | How related to deceased | <i>Father.</i>  |

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

|  |  |                        |                           |
|--|--|------------------------|---------------------------|
| Primary  | <i>Caused by and over dose of Morphine</i> | How long               |                           |
| Immediate  | <i>Exhaustion</i>                          | How long               |                           |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>                                 | Signature of Physician | <i>J. H. Maiz Coroner</i> |
| <i>Steen</i>   |  | Address                | <i>Trumbull Md.</i>       |
| Accident or Suicide?   | <i>Manslaughter</i>                        |                        |                           |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *George Clausen* Town *Neat Cumberland* County *Allegheny*Date of death *1908* Month *June* Day *29* Age *79* Years Months *8* Days *2*Sex *Male* Color or Race *White* Birth-place *Bedford Co. Pa*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife *Annie Clausen*Father's Name *Robert Clausen* Father's Birthplace *don't not know*Mother's Maiden Name *Nancy McSnicker* Mother's Birthplace *" " "*Name of person giving information *Thomas Clausen* How related to deceased *Son*

## CAUSES OF DEATH

154

Primary *Senile Decay* How long *- 8 -*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *James J. Johnson, M.D.*Address *Bedford Co. Pa.*

Accident or Suicide?

George Hansen

age 78 in Oct.

info of children

info of to Park (ark) <sup>to</sup> <sub>see</sub>

Mrs. J. W. Cook

Mrs. J. W. Brookman,

Mrs. Nellie Burr of Wm

Mrs. Linnin Paul

Mrs. Wm Wolf <sup>Wm</sup> <sub>Wm</sub>

W. J. Hansen Center

George W. Hansen <sup>Wm</sup> <sub>Wm</sub>

John E. Hansen.

young 35.

121 Street in front

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

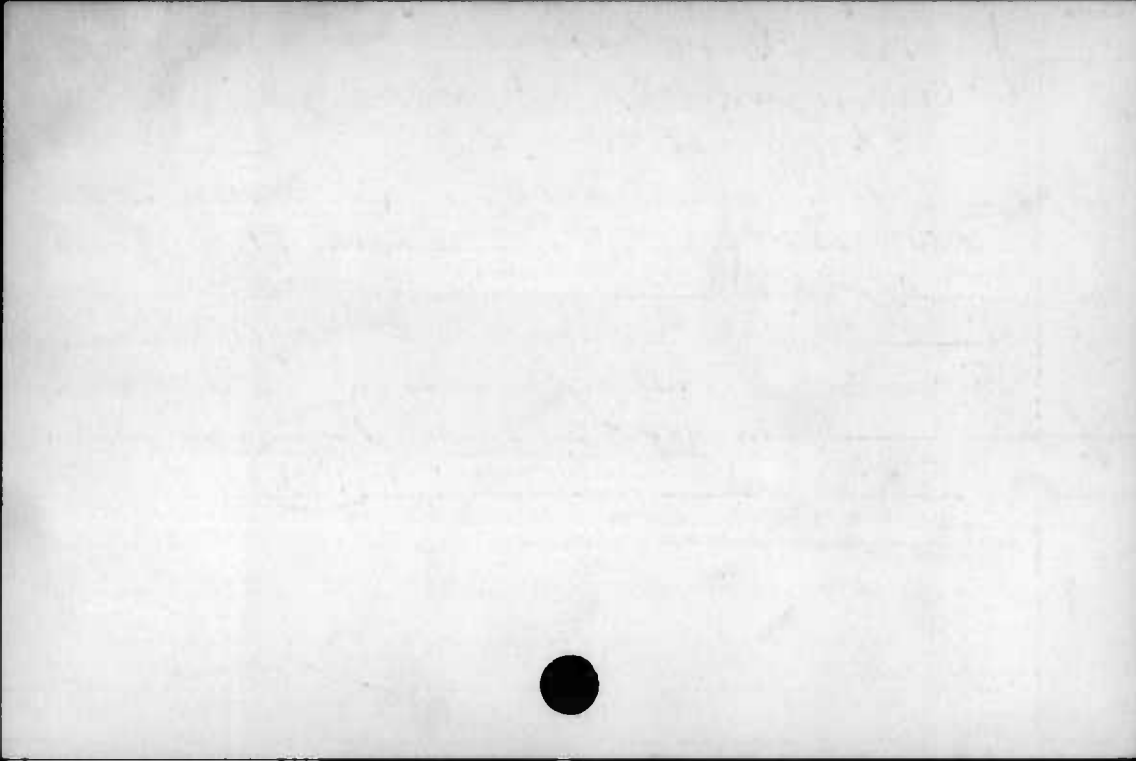
|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| Name in Full<br><b>James Cronley</b>          |  | Town<br><b>Cumberland</b>                                    |  | County<br><b>alligany</b>                 |  | State<br><b>MARYLAND</b>                                     |  |
| Died at<br><b>Cumberland alligany</b>         |  | Month<br><b>8</b>  |  | Day<br><b>20</b>                          |  | Years<br><b>76</b>   |  |
| Date of death<br><b>1908</b>                  |  | Month<br><b>8</b>  |  | Day<br><b>20</b>                          |  | Years<br><b>76</b>   |  |
| Sex<br><b>Male</b>                            |  | Color or Race<br><b>White</b>                                |  | Birthplace<br><b>Wagertown</b>            |  | Months<br><b>Unknown</b>                                     |  |
| Occupation<br><b>Plaster</b>                  |  | Where Residing if not at place of death<br><b>Cumberland</b> |  | Months<br><b>Unknown</b>                  |  | Days<br><b>Unknown</b>                                       |  |
| Married, Single or Widowed<br><b>Batchlar</b> |  | Name of Wife or Husband<br><b>Unknown</b>                    |  | Father's Birthplace<br><b>Unknown</b>     |  | Mother's Birthplace<br><b>Unknown</b>                        |  |
| Father's Name<br><b>Unknown</b>               |  | Mother's Maiden Name<br><b>Dempson</b>                       |  | How related to deceased<br><b>Unknown</b> |  | Name of person giving information<br><b>Catharine Noonan</b> |  |

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br><b>Senility</b>   | How long<br><b>76 yr</b>                        |
| Immediate<br><b>Heart failure</b>  | How long<br><b>2 mo</b>                         |
| Are the name, age, sex, color, date and place correctly given above?<br><b>yes</b> | Signature of Physician<br><b>A. J. Schaubli</b> |
| Address<br><b>Cumberland</b>   | Accident or Suicide?<br><b>—</b>                |



Name  
in  
Full

Arthur Dawson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany

MARYLAND

Date of death 1908 <sup>Month</sup> 6 <sup>Day</sup> 7 <sup>Age</sup> 65 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Loudon Co VaOccupation Squire <sup>Where Residing if not at place of death</sup> 29 Liberty StMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name Samuel Dawson <sup>Father's Birthplace</sup> Fred CoMother's Maiden Name Sarah Ann Bryner <sup>Mother's Birthplace</sup> Accomac Co VaName of person giving information Roger Dawson <sup>How related to deceased</sup> Bro.

## CAUSES OF DEATH

120

Primary Nephritis <sup>How long</sup>Immediate Exhaustion <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> T. B. McDonald<sup>Address</sup> Cumberland Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1. Had -

730 Tuesday. AM.

~~W. C. Davis~~

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
|---|--|---------------------------------------|--|-----------------------------------|--|---------------------|--|-----------------|--|----------------|--|
| Died at <i>infant</i> <i>Divelbiss</i>  |  | Town <i>near Brumfield</i>            |  | County <i>Allegheny</i>           |  | MARYLAND            |  |                 |  |                |  |
| Date of death <i>1905</i>   |  | Month <i>June</i>                     |  | Day <i>20</i>                     |  | Age <i>—</i>        |  | Months <i>—</i> |  | Days <i>12</i> |  |
| Sex <i>Female</i>   |  | Color or Race <i>White</i>            |  | Birth-place <i>near Brumfield</i> |  | Occupation <i>—</i> |  |                 |  |                |  |
| Married, Single or Widowed <i>—</i>   |  | Name of Wife or Husband <i>—</i>      |  |                                   |  |                     |  |                 |  |                |  |
| Father's Name <i>J. H. Divelbiss</i>  |  | Father's Birthplace <i>Pa</i>         |  |                                   |  |                     |  |                 |  |                |  |
| Mother's Maiden Name <i>Mary Keisacker</i>                                      |  | Mother's Birthplace <i>W. Va</i>      |  |                                   |  |                     |  |                 |  |                |  |
| Name of person giving information <i>J. H. Divelbiss</i>                        |  | How related to deceased <i>Father</i> |  |                                   |  |                     |  |                 |  |                |  |
| CAUSES OF DEATH   |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
| Primary <i>Euler's Colitis</i>  |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
| Immediate <i>&amp; haemorrhagic</i>   |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
| Signature of Physician <i>Dr. W. H. Law</i>                                     |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
| Address <i>Brumfield</i>  |  |                                       |  |                                   |  |                     |  |                 |  |                |  |
| Accident or Suicide? <i>—</i>   |  |                                       |  |                                   |  |                     |  |                 |  |                |  |

PHYSICIAN  
OR CORONER

105°



Name

in

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

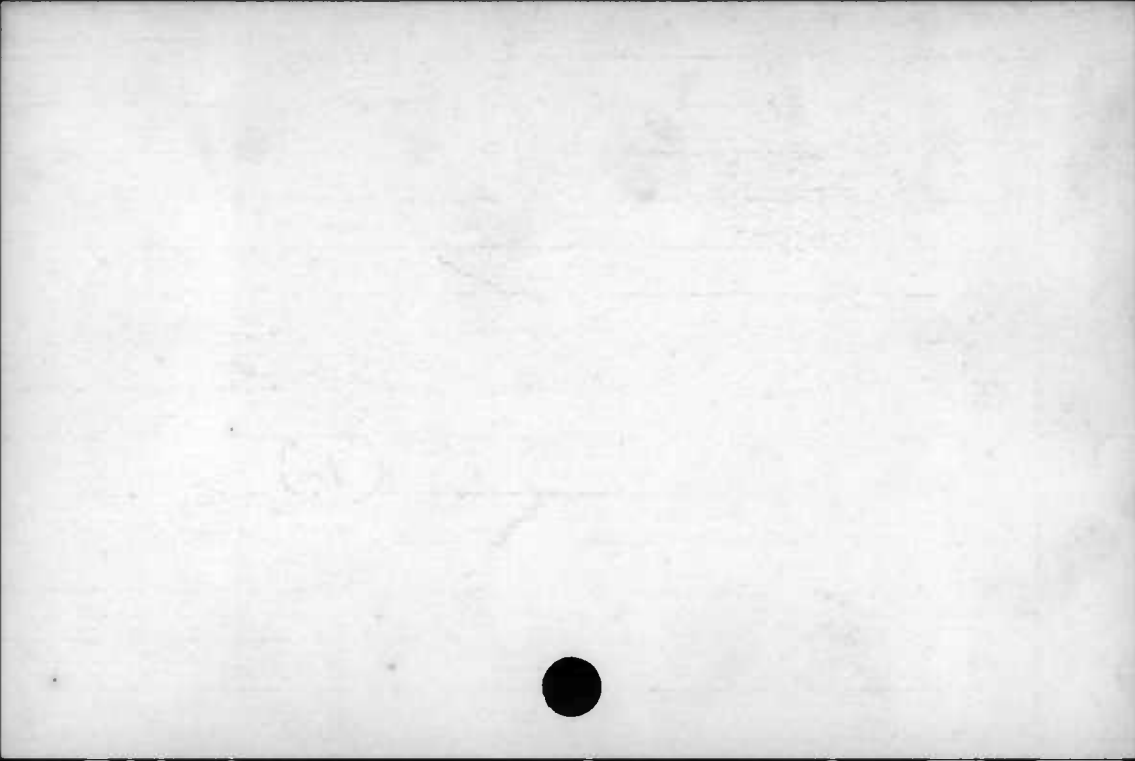
|                                   |                |                         |               |   |       |                         |               |
|-----------------------------------|----------------|-------------------------|---------------|---|-------|-------------------------|---------------|
| Died at                           |                | Town                    |               | County                                  |       | MARYLAND                |               |
| Date of death                     |                | Month                   | Day           | Age                                     | Years | Months                  | Days          |
| 1908                              |                | 6                       | 26            | 8                                       |       |                         |               |
| Sex                               | Male           |                         | Color or Race | White                                   |       | Birth-place             | Allegany, Md. |
| Occupation                        |                |                         |               | Where Residing if not at place of death |       |                         |               |
| Married, Single or Widowed        |                | Name of Wife or Husband |               |   |       |                         |               |
| Single                            |                |                         |               |   |       |                         |               |
| Father's Name                     | John Doughton  |                         |               |   |       | Father's Birthplace     | Allegany, Md. |
| Mother's Maiden Name              | Carrie Stevens |                         |               |   |       | Mother's Birthplace     | Allegany, Md. |
| Name of person giving information | John Doughton  |                         |               |   |       | How related to deceased | Father        |

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

|  |                   |                        |         |
|--|-------------------|------------------------|---------|
| Primary  | Blood poisoning - | How long               | 3 days  |
| Immediate  | Septicemia -      | How long               | 8 hours |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician |         |
| Yes  |                   | J. C. Cooley M.D.      |         |
|  |                   | Address                |         |
|  |                   | Frothing, Md.          |         |
| Accident or Suicide?   |                   | Per. G. K. C.          |         |
| No.  |                   |                        |         |



Name  
in  
Full

Adeline May Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Allegheny County  
Date of death 1908 June 15 Age 2 Months 9 Days  
Sex Female Color or Race W Birth-place MD  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

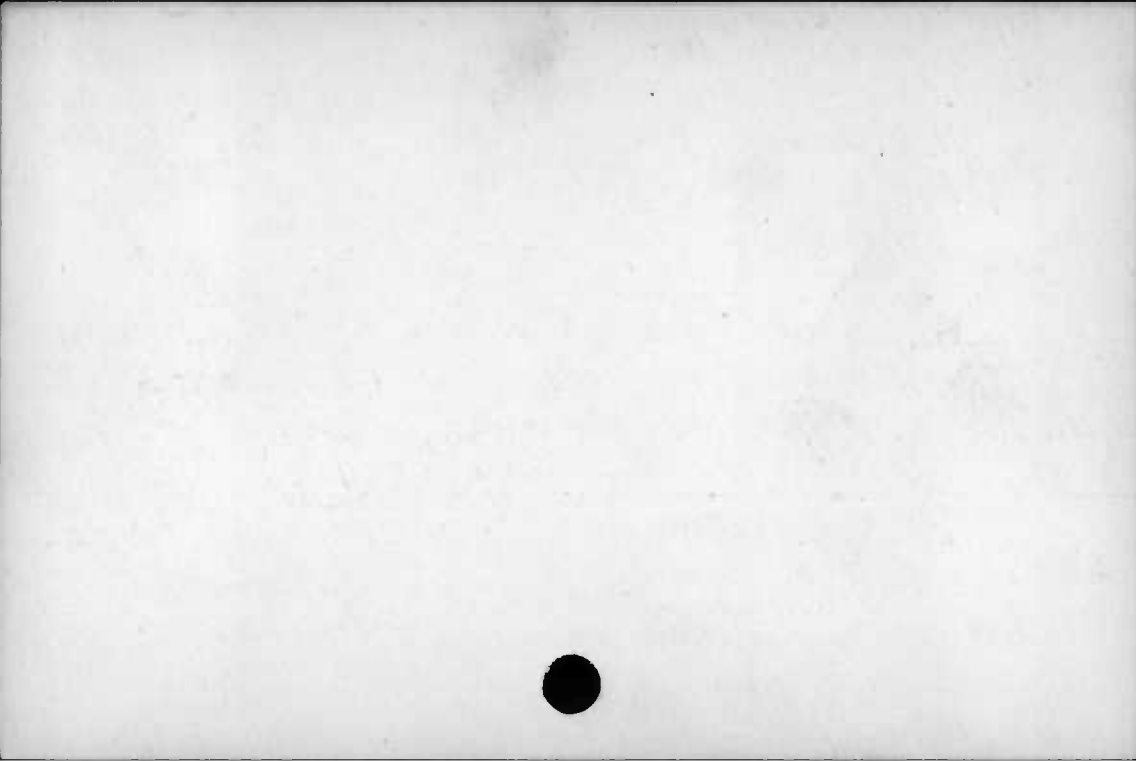
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name David Duckworth Father's Birthplace MD  
Mother's Maiden Name Ella Strawger Mother's Birthplace MD  
Name of person giving information Mrs Strawger How related to deceased mother

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Primature Birth How long 2 mo  
Immediate Exhaustion How long 2 days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. F. Tinsley  
Stein. Address Amelia and MD  
Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Ervin Duell Kuworth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

| Town                              |                     | County                                  |          | MARYLAND                |    |
|-----------------------------------|---------------------|---|----------|-------------------------|----|
| Died at                           | Narrows             |   | Allegany |                         |    |
| Date of death                     | 1908                | Month                                   | June     | Day                     | 16 |
|                                   |                     | Age                                     | 2        | Years                   | 6  |
|                                   |                     |   |          | Months                  | 10 |
| Sex                               | Male                | Color or Race                           | White    | Birth-place             | MD |
| Occupation                        | None                | Where Residing if not at place of death | —        |                         |    |
| Married, Single or Widowed        | —                   | Name of Wife or Husband                 | —        |                         |    |
| Father's Name                     | David Duell Kuworth |   |          | Father's Birthplace     | MD |
| Mother's Maiden Name              | Ella Sawyer         |   |          | Mother's Birthplace     | MD |
| Name of person giving information | E. G. McEwen        |   |          | How related to deceased | No |

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

|  |             |                        |              |
|--|-------------|------------------------|--------------|
| Primary  | Meningitis  | How long               | 3 days       |
| Immediate  | Convulsions | How long               | 1 day        |
| Are the name, age, sex, color, date and place correctly given above? | Yes         | Signature of Physician | M. L. Twigg  |
|  | Stein       | Address                | Cumtulan, MD |
| Accident or Suicide?   |             |                        |              |



Name  
in  
Full

Conrad Ebbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |                 |                         |   |    |                         |                 |
|-----------------------------------|--------------|-----------------|-------------------------|---|----|-------------------------|-----------------|
| Died at                           |              | Town Cumberland |                         | County Alleg.                           |    | MARYLAND                |                 |
| Date of death                     | 1908         | Month           | June                    | Day                                     | 19 | Age                     | 63              |
|                                   |              |                 |                         |   |    | Months                  | 2               |
|                                   |              |                 |                         |   |    | Days                    | 5               |
| Sex                               | Male         |                 | Color or Race           | White                                   |    | Birth-place             | Wheeling W. Va. |
| Occupation                        | Gardener     |                 |                         | Where Residing if not at place of death |    | Hanover St.             |                 |
| Married, Single or Widowed        | Married      |                 | Name of Wife or Husband | Anna Ebbert                             |    |                         |                 |
| Father's Name                     | Peter Ebbert |                 |                         |   |    | Father's Birthplace     | Germany         |
| Mother's Maiden Name              | Do not know  |                 |                         |   |    | Mother's Birthplace     | Do not know     |
| Name of person giving information | Anna Ebbert  |                 |                         |   |    | How related to deceased | Wife            |

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

|  |                        |                        |                |
|--|------------------------|------------------------|----------------|
| Primary  | Fall from cherry tree. | How long               | —              |
| Immediate  | Broken back            | How long               | 15 hrs         |
| Are the name, age, sex, color, date and place correctly given above? | yes                    | Signature of Physician | A. L. Louthin  |
|  | Stein.                 | Address                | Cumtchland Md. |
| Accident or Suicide?   | Accident               |                        |                |

Apr 13 - 1845

1908  
1845

---

163

115

**TO BE ANSWERED BY  
NEAREST FRIEND**

**PHYSICIAN**  
**DR CORONER**

## CERTIFICATE OF DEATH

County

## MARYLAND

Day

Age

Years

Months

Days

Sex *Female*

Color or Race

White

Birth-  
place

Germann

Occupation Time Keeper

Where Residing if not  
at place of death

Married, Single  
or Widowed *Married*

Name of Wife or Husband

John. C. Eichner

Father's Name John Leahr

Father's Birthplace

Germany.

Mother's Maiden Name Do not know

Mother's Birthplace

Germany.

Name of person giving information *F. C. Eichner*

How related  
to deceased

Am

### CAUSES OF DEATH

120

Primary

*Aluminaria*

How long

How long  
About one year

Immediate

107-2/24

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

*Yours,*

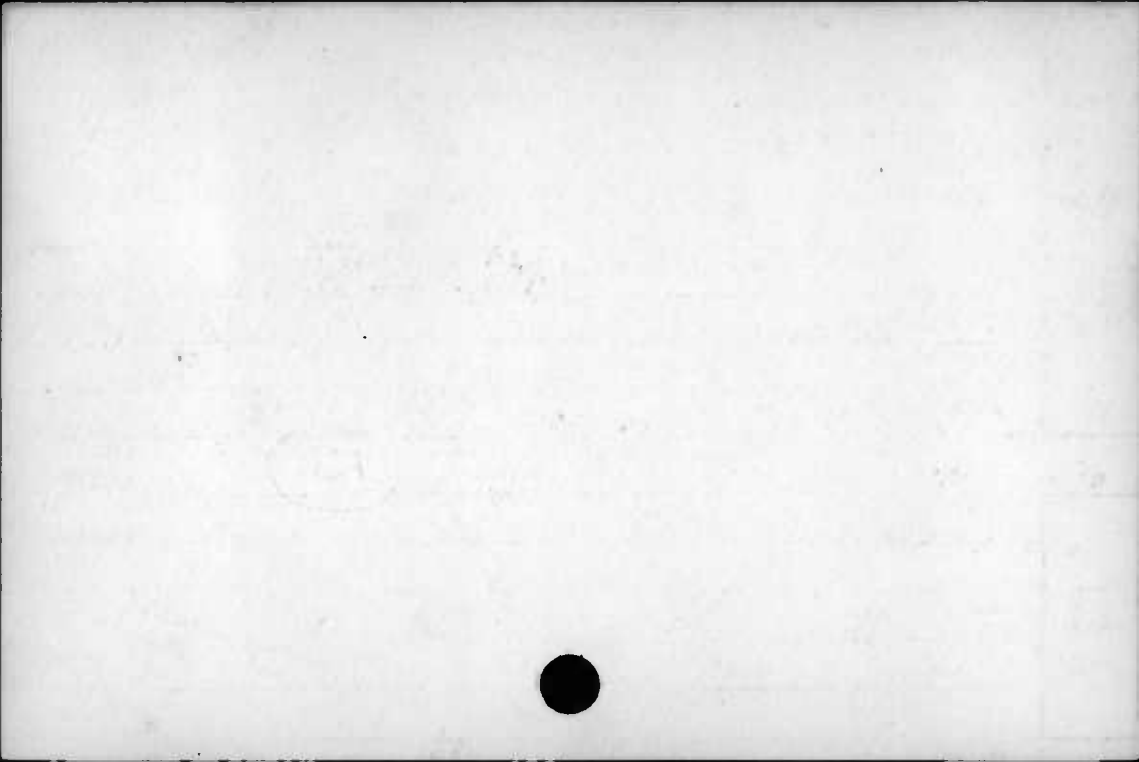
Signature of Physician

Address

James  
Lambert

## Accident or Suicide?

LIBRARY BUREAU A68518







Name  
in  
Full

Mary Agnes Strabenstein

## CERTIFICATE OF DEATH

Died at *Cumtunda*

Town

*Allegheny*

County

MARYLAND

Date  
of death *1908*

Month

*June*

Day

*6*

Age

Years

*—*

Months

*—*

Days

*12*Sex *Female*Color or  
Race*White*Birth-  
place*Cumtunda*

Occupation

*none*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*—*Name of Wife or  
Husband*—*Father's  
Name*Sebastian A. Strabenstein*Father's  
Birthplace*Allegheny Co. Pa.*Mother's  
Maiden Name*Anna M. Linke*Mother's  
Birthplace*Ida*Name of person giving  
In formation*Sebastian A. Strabenstein*How related  
to deceased*Father*

## CAUSES OF DEATH

93

Primary

*Pneumonia*

How long

*five days*

Immediate

*Cyanosis*

How long

*three days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Youngman  
Cumtunda*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Geo. L. Carder, M.D.,  
Secretary Board of Health

Geo. L. Carder, M.D.,  
Secretary Board of Health

*Lumberland*  
*mj*

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

John Wm Hart.  
Died at <sup>Town</sup> Cumberland <sup>County</sup> Alleg.Date of death 1908 <sup>Month</sup> June <sup>Day</sup> 2 <sup>Age</sup> 75 <sup>Years</sup> <sup>Months</sup> — <sup>Days</sup> —Sex Male <sup>Color or Race</sup> White. <sup>Birth-place</sup> Germany.Occupation Retired R.R. Ins. <sup>Where Residing if not at place of death</sup> —Married, Single or Widowed Married. <sup>Name of Wife or Husband</sup> Christina Hart.Father's Name Do not know <sup>Father's Birthplace</sup> Do not knowMother's Maiden Name Do not know <sup>Mother's Birthplace</sup> Do not knowName of person giving information Christina Hart. <sup>How related to deceased</sup> Wife

## CAUSES OF DEATH

(91)

Primary Chronic Bronchitis <sup>How long</sup> yrs  
Immediate Exhaustion <sup>How long</sup> 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. Fochman

Address

Cumberland

Accident or Suicide?



Name  
in  
Full

Margaret - Metzger Hartley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                      |               |   |        |                       |             |    |
|-----------------------------------|----------------------|---------------|---|--------|-----------------------|-------------|----|
| Died at                           |                      | Town          |   | County |                       | MARYLAND    |    |
| Cumberland                        |                      | Allegheny     |   |        |                       |             |    |
| Date of death                     | 1908                 | Month         | 6                                       | Day    | 14                    | Age         | 75 |
| Sex                               | Female               | Color or Race | White                                   |        | Birth place           | Bedford Pa. |    |
| Occupation                        | Housewife            |               | Where Residing if not at place of death |        | Bedford Pa.           |             |    |
| Married, Single or Widowed        | Married              |               | Name of Wife or Husband                 |        | William Hartley - Jr. |             |    |
| Father's Name                     | Solomon Metzger      |               | Father's Birthplace                     |        | Bedford Pa.           |             |    |
| Mother's Maiden Name              | Anne Lane Taylor     |               | Mother's Birthplace                     |        | Bedford Pa.           |             |    |
| Name of person giving information | Matilda Dorothy Metz |               | How related to deceased                 |        | Daughter              |             |    |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |                        |                        |
|--|---------------------|------------------------|------------------------|
| Primary  | Pyloric Obstruction | How long               | 104                    |
| Immediate  | Exhaustion          | How long               | 2 weeks                |
| Are the name, age, sex, color, date and place correctly given above? | yes                 | Signature of Physician | James T. Johnson, M.D. |
|  |                     | Address                | Cumberland Md.         |
| Accident or Suicide?   |                     |                        |                        |

*Snowden*

163.00

105.  
15.  
28.  
25.  
28.  
25.  
28.  
25.

3

Name  
in  
Full

Catherine Helfrich

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

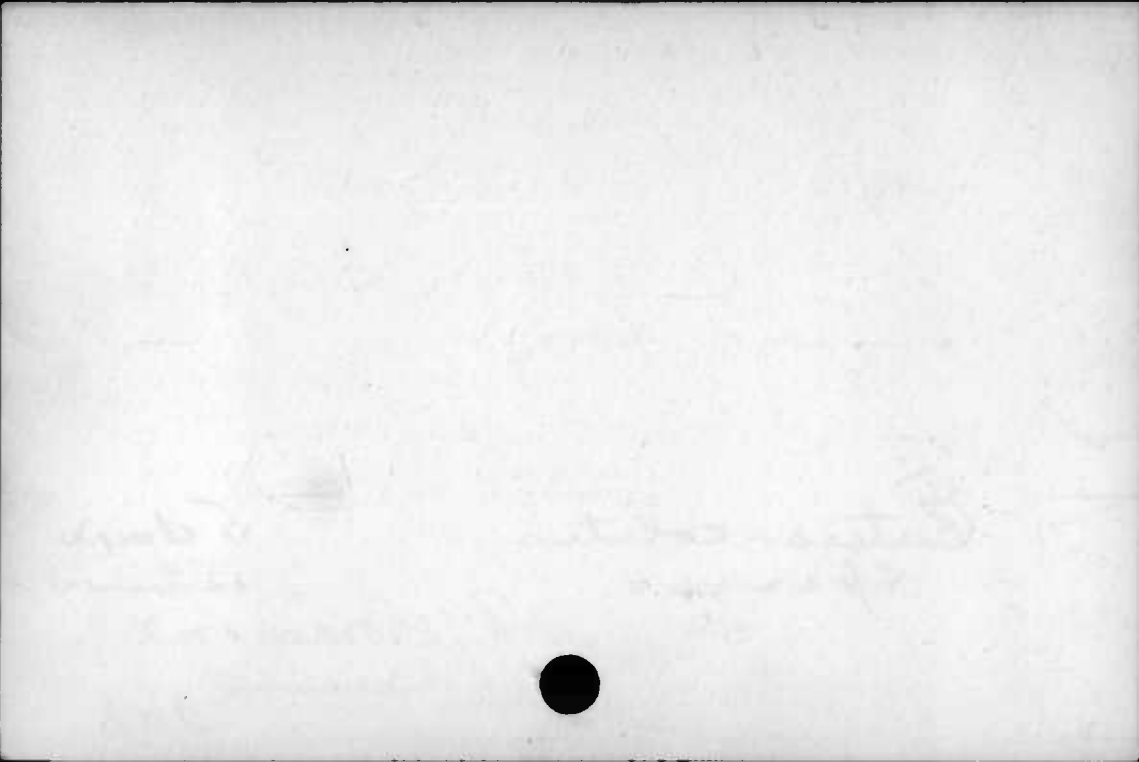
|  |  |                         |                                    |                |                 |
|--|--|-------------------------|------------------------------------|----------------|-----------------|
| Died at <u>Cumtula</u>                                 |  | County <u>Allegheny</u> |                                    | MARYLAND       |                 |
| Date of death <u>1908</u>                              | Month <u>Jan</u>                                 | Day <u>1</u>            | Age <u>-</u>                       | Years <u>-</u> | Months <u>9</u> |
| Sex <u>Female</u>                                      | Color or Race <u>White</u>                       |                         | Birth-place <u>Cumtula</u>         |                |                 |
| Occupation <u>none</u>                                 | Where Residing if not at place of death <u>-</u> |                         |                                    |                |                 |
| Married, Single or Widowed <u>-</u>                    | Name of Wife or Husband <u>-</u>                 |                         |                                    |                |                 |
| Father's Name <u>Henry J. Helfrich</u>                 | Father's Birthplace <u>Cumtula</u>               |                         | Mother's Birthplace <u>Cumtula</u> |                |                 |
| Mother's Maiden Name <u>Mary Gallagher</u>             | How related to deceased <u>Mother</u>            |                         |                                    |                |                 |
| Name of person giving information <u>Mary Helfrich</u> |  |                         |                                    |                |                 |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Rickets</u>  | How long <u>always</u>                                |
| Immediate <u>Levlera Infantum</u>   | How long <u>six days.</u>                             |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>M. Catherine Bull.</u>      |
| <u>Stem</u>   | Address <u>Cumtula, Pa. 25 - Little Frederick St.</u> |
| Accident or Suicide?  |   |



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                       |               |   |                |                       |               |
|--|--|---------------------------------------|---------------|---|----------------|-----------------------|---------------|
| Died at <i>Cumberland</i>                                |  | Town <i>Cumberland</i>                |               | County <i>allergany</i>                                   |                | State <i>MARYLAND</i> |               |
| Date of death <i>1908</i>                                |  | Month <i>6</i>                        | Day <i>24</i> | Age <i>-</i>  | Years <i>-</i> | Months <i>7</i>       | Days <i>-</i> |
| Sex <i>Female</i>  |  | Color or Race <i>White</i>            |               | Birth-place <i>Cumberland</i>                             |                |                       |               |
| Occupation <i>-</i>                                      |  |                                       |               | Where Residing if not at place of death <i>Cumberland</i> |                |                       |               |
| Married, Single or Widowed <i>Single</i>                 |  | Name of Wife or Husband <i>none</i>   |               |   |                |                       |               |
| Father's Name <i>Geo Hendrickson</i>                     |  | Father's Birthplace <i>Mo</i>         |               |   |                |                       |               |
| Mother's Maiden Name <i>Grace Wiffeld</i>                |  | Mother's Birthplace <i>Pa</i>         |               |   |                |                       |               |
| Name of person giving information <i>Geo Hendrickson</i> |  | How related to deceased <i>Father</i> |               |   |                |                       |               |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Enterocolitis</i>  | How long <i>5 days</i>                      |
| Immediate <i>spasms</i>   | How long <i>12 hours</i>                    |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>C. H. Bracken</i> |
| <i>No.</i>  | Address <i>Cumberland Md</i>                |
| Accident or Suicide?  |   |

02

Name  
in  
Full

## CERTIFICATE OF DEATH

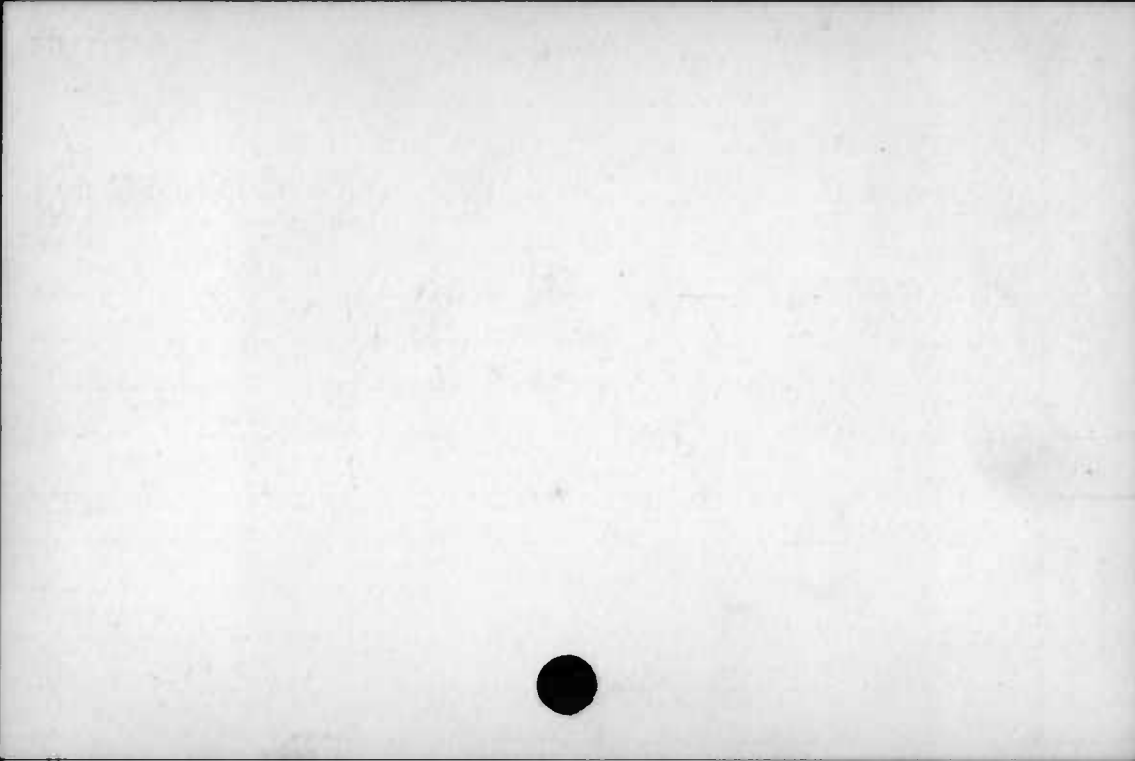
|   |  |  |  |                                       |  |                                   |  |
|---|--|--|--|---------------------------------------|--|-----------------------------------|--|
| Died at <i>Cumberland</i>                               |  | Town <i>Johnson</i>                              |  | County <i>Allegheny</i>               |  | MARYLAND                          |  |
| Date of death <i>1908</i>                               |  | Month <i>June</i>                                |  | Day <i>23</i>                         |  | Age <i>—</i>                      |  |
| Sex <i>Female</i>                                       |  | Color or Race <i>White</i>                       |  | Birth-place <i>Cumt. A.</i>           |  | Months <i>7</i>                   |  |
| Occupation <i>none</i>                                  |  | Where Residing if not at place of death <i>—</i> |  | Days <i>3</i>                         |  |                                   |  |
| Married, Single or Widowed <i>Single</i>                |  | Name of Wife or Husband <i>None</i>              |  | Father's Birthplace <i>W. Va.</i>     |  | Mother's Birthplace <i>W. Va.</i> |  |
| Father's Name <i>Wm. J. Johnson</i>                     |  | Mother's Maiden Name <i>Betty Rutherford</i>     |  | How related to deceased <i>Father</i> |  |                                   |  |
| Name of person giving information <i>Wm. J. Johnson</i> |  |  |  |                                       |  |                                   |  |

## CAUSES OF DEATH

105

|   |                      |   |               |
|---|----------------------|---|---------------|
| Primary   | <i>Enterocolitis</i> | How long                                    | <i>3 days</i> |
| Immediate   | <i>Chancriform</i>   | How long                                    |               |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                      | Signature of Physician <i>Thos. W. Farn</i> |               |
| <i>Stein</i>  |                      | Address <i>Cumt. A.</i>                     |               |
| Accident or Suicide?  |                      |   |               |

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Clarence R Kelley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Cumtunda* County *Carroll* MARYLAND

Died at *Cumtunda*

Date of death *1908* Month *June* Day *6* Age *one* Years Months *5* Days

Sex *Male* Color or Race *White* Birth-place *Cumtunda*

Occupation *none* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Charles R Kelley* Father's Birthplace *Cumtunda*

Mother's Maiden Name *Mary J. Hogan* Mother's Birthplace *Pa*

Name of person giving information *Charles R Kelley* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pertussis* How long *2 months*

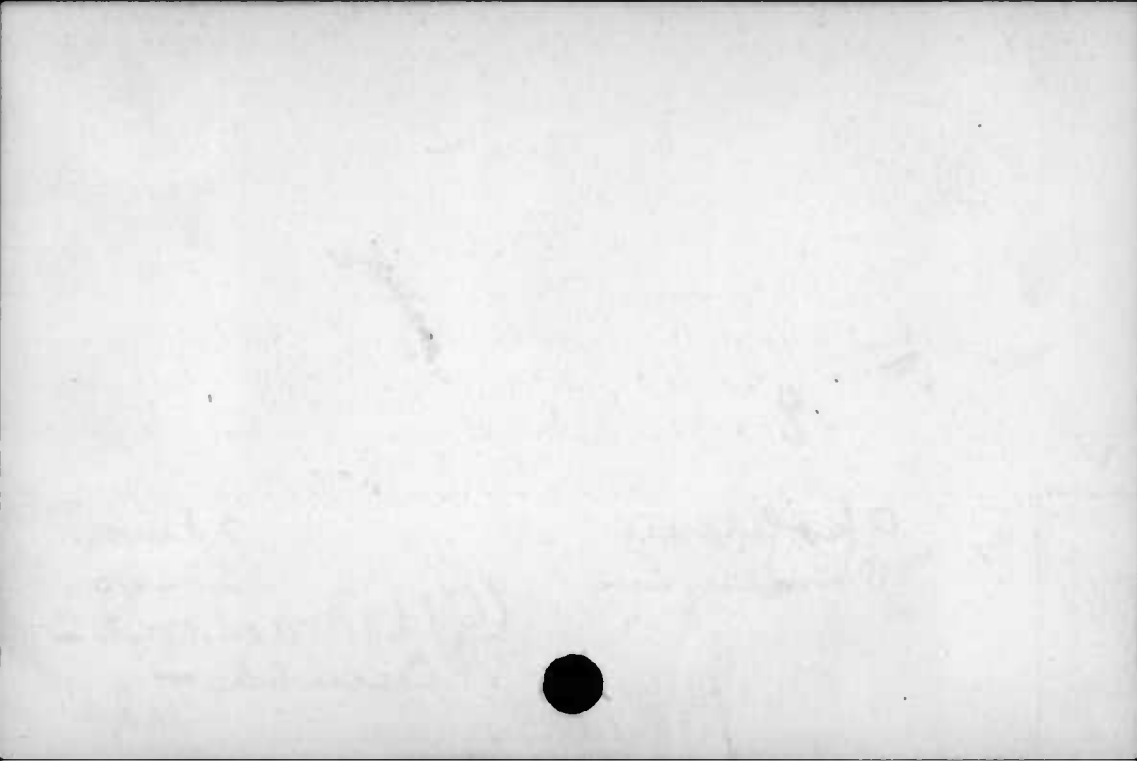
Immediate *Schistosoma* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Johnson M.D.*

Address *Cumtunda Md.*

Accident or Suicide? *No*



Name  
in  
Full

CERTIFICATE OF DEATH

Died at

*Cumt*

*alleg*

MARYLAND

Date

*1908 June*

Day

*8*

Age

Years

*82*

Months

Days

Sex

*Female*

Color or  
Race

*or white*

Birth-  
place

*Germany*

Occupation

*Housewife*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

*John Kolb*

Father's  
Name

*Daniel Hirsch*

Father's  
Birthplace

*Germany*

Mother's  
Maiden Name

*Barbra E Wagner*

Mother's  
Birthplace

*Germany*

Name of person giving  
In formation

*George Kolb*

How related  
to deceased

*son*

CAUSES OF DEATH

*64*

Primary

*Apoplexy*

How long

*2 days*

Immediate

*Paralysis*

How long

*2 days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*Chas. Bracken*

Address

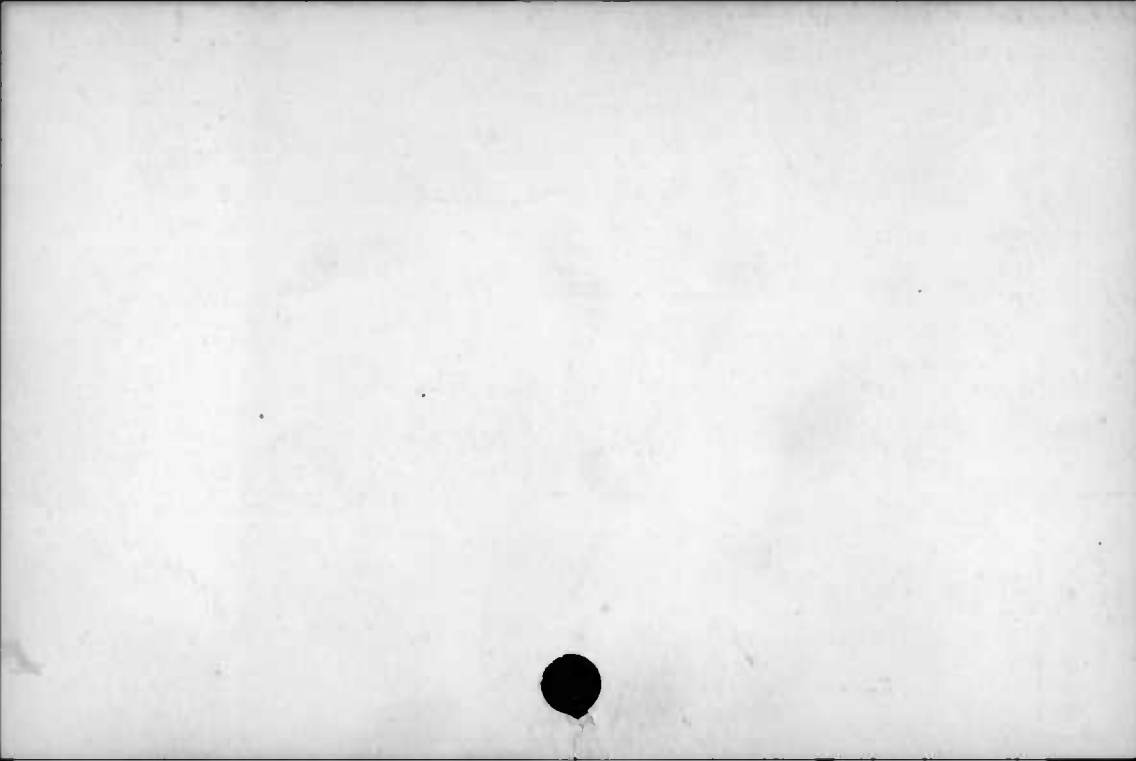
*Cumt*

*md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Herbert Kroelwig

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Frostburg TownCounty AlleghenyDate of death 1908Month 6Day 9Age 1 YearsMonths 1Days 12Sex FemaleColor or Race WhiteBirth-place Pan.Occupation —Where Residing if not at place of death —Married, Single or Widowed SingleName of Wife or Husband —Father's Name Arthur KroelwigFather's Birthplace Ind.Mother's Maiden Name Margaret CrookMother's Birthplace Ind.Name of person giving information Arthur KroelwigHow related to deceased father

## CAUSES OF DEATH

104

Primary IndigestionHow long 1 wk.Immediate Cerebral

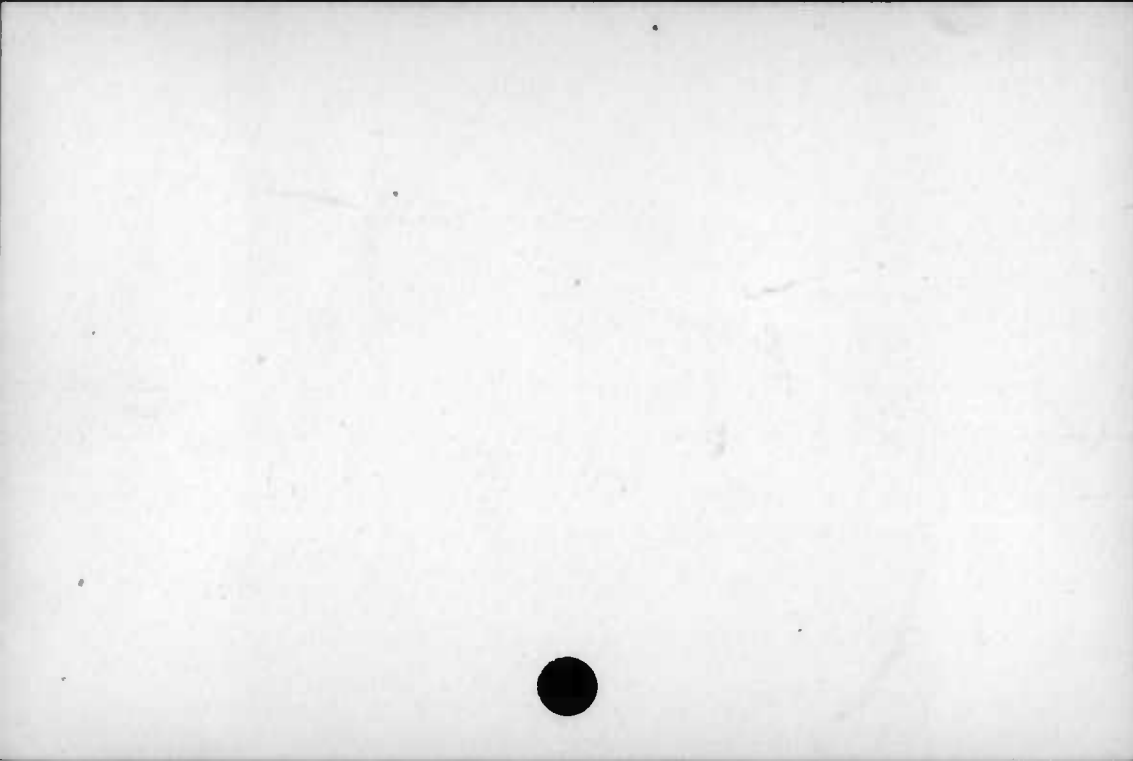
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician G. L. LinnigerAddress Frostburg Ind.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary E Manley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

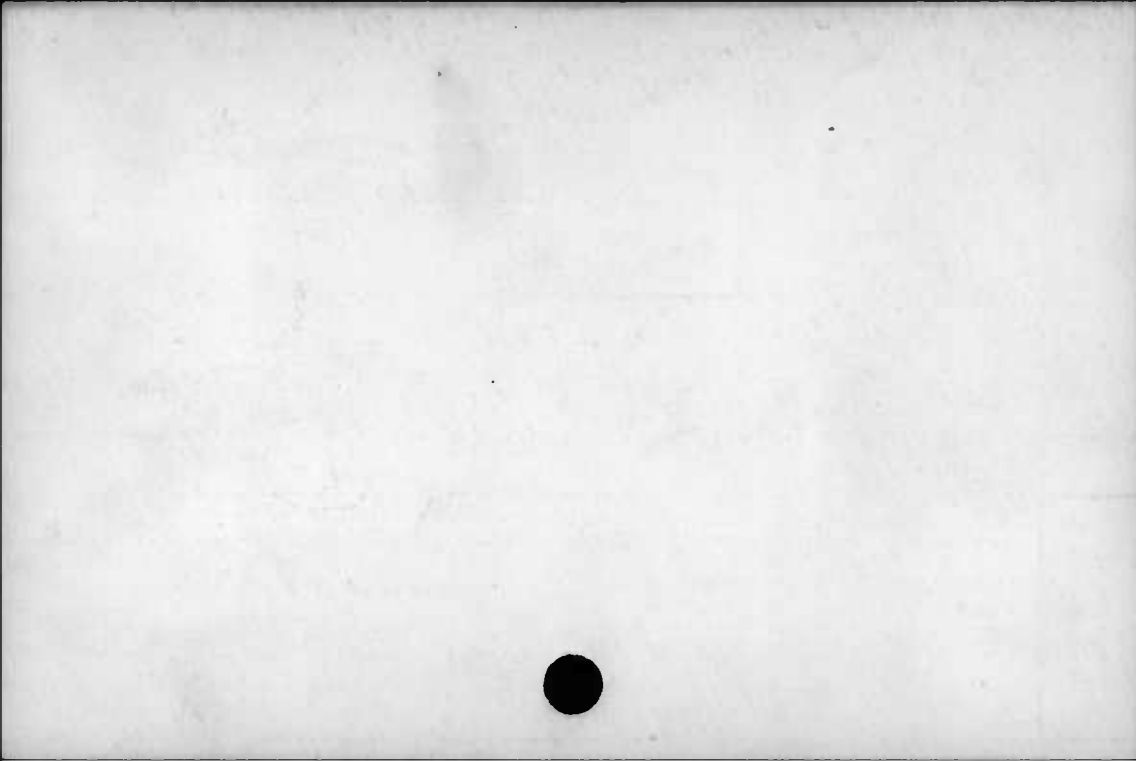
|   |  |                    |               |                         |     |                         |             |
|---|--|--------------------|---------------|-------------------------|-----|-------------------------|-------------|
| Died at                                 |  | Town<br>Cumberland |               | County<br>Allegheny     |     | MARYLAND                |             |
| Date of death                           |  | 1908               | Month<br>June | Day<br>7                | Age | 107                     | Months<br>— |
| Sex                                     |  | Female             |               | Color or Race           |     | White                   |             |
| Occupation                              |  | Retired            |               | Birth-place             |     | Ireland                 |             |
| Where Residing if not at place of death |  |                    |               | —                       |     |                         |             |
| Married, Single or Widowed              |  | Widow              |               | Name of Wife or Husband |     | —                       |             |
| Father's Name                           |  | or not known       |               |                         |     | Father's Birthplace     |             |
| Mother's Maiden Name                    |  | or not known       |               |                         |     | Mother's Birthplace     |             |
| Name of person giving information       |  | Samuel Brimiger    |               |                         |     | How related to deceased |             |
|   |  |                    |               |                         |     | —                       |             |

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

|  |            |                        |         |
|--|------------|------------------------|---------|
| Primary  | Paralysis  | How long               | 2 day's |
| Immediate  | Exhaustion | How long               |         |
| Are the name, age, sex, color, date and place correctly given above? |            | Signature of Physician |         |
| yes  |            | Thos. A. Toan          |         |
| Address  |            | Ranches Road           |         |
| Accident or Suicide?   |            | Noon                   |         |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |           |                       |   |        |       |             |          |
|-----------------------------------|-----------|-----------------------|---|--------|-------|-------------|----------|
| Died at                           |           | Town                  |   | County |       | MARYLAND    |          |
| Date of death                     |           | Month                 | Day                                     | Age    | Years | Months      | Days     |
| 1908                              |           | June                  | 7                                       | 36     |       | 11          | 28       |
| Sex                               | Female    |                       | Color or Race                           | White  |       | Birth-place | Allegany |
| Occupation                        | Housewife |                       | Where Residing if not at place of death |        |       |             |          |
| Married, Single or Widowed        | Married   |                       | Name of Wife or Husband                 |        |       |             |          |
| Father's Name                     |           | Benjamin Gates        |   |        |       |             |          |
| Mother's Maiden Name              |           | Margaret Jane Perkins |   |        |       |             |          |
| Name of person giving information |           | Jenny Miller          |   |        |       |             |          |
| Father's Birthplace               |           | Livingston            |   |        |       |             |          |
| Mother's Birthplace               |           | Livingston            |   |        |       |             |          |
| How related to deceased           |           | Aunt                  |   |        |       |             |          |

CAUSES OF DEATH

104 ✓

PHYSICIAN  
OR CORONER

|  |                          |                        |          |                |
|--|--------------------------|------------------------|----------|----------------|
| Primary  | Gastritis & endocarditis |                        | How long | Several months |
| Immediate  | Cardiac failure          |                        | How long | Short time     |
| Are the name, age, sex, color, date and place correctly given above? |                          | Signature of Physician |          |                |
|  |                          | Address                |          |                |
|  |                          | Frostburg              |          |                |
| Accident or Suicide?   |                          |                        |          |                |

J. H. Hays  
H. H. Hays

TO BE ANSWERED BY  
NEAREST FRIEND

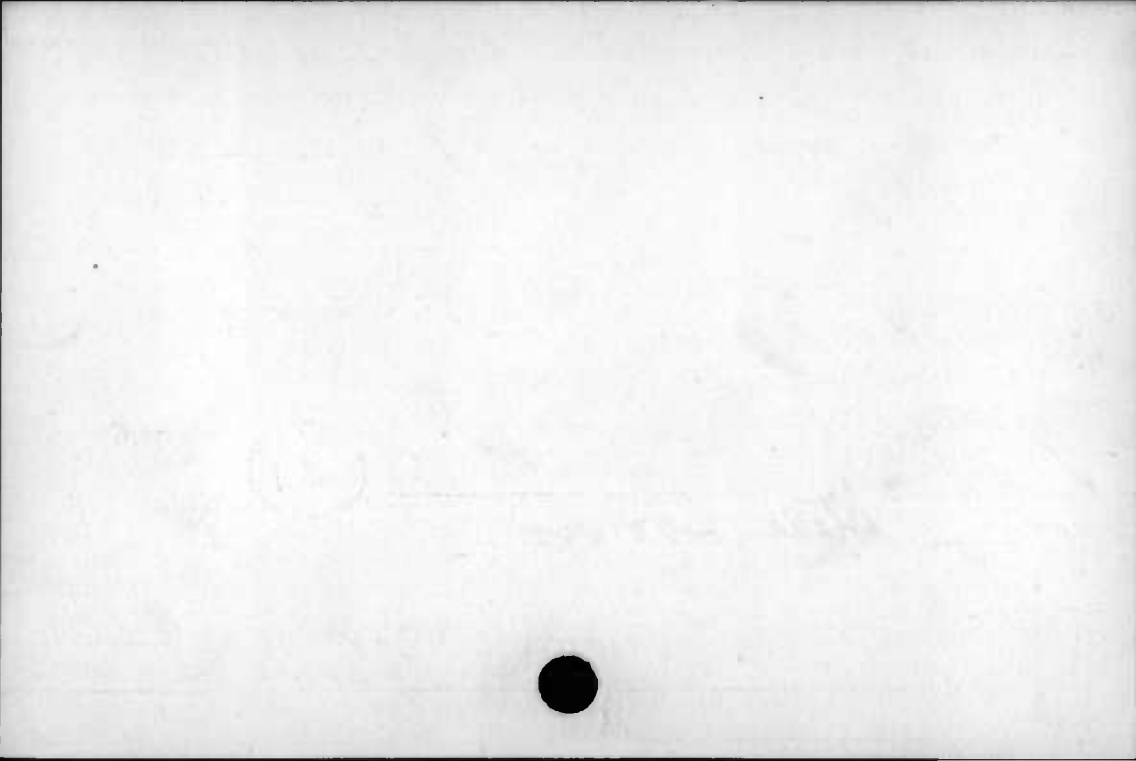
PHYSICIAN  
OR CORONER

## MARYLAND

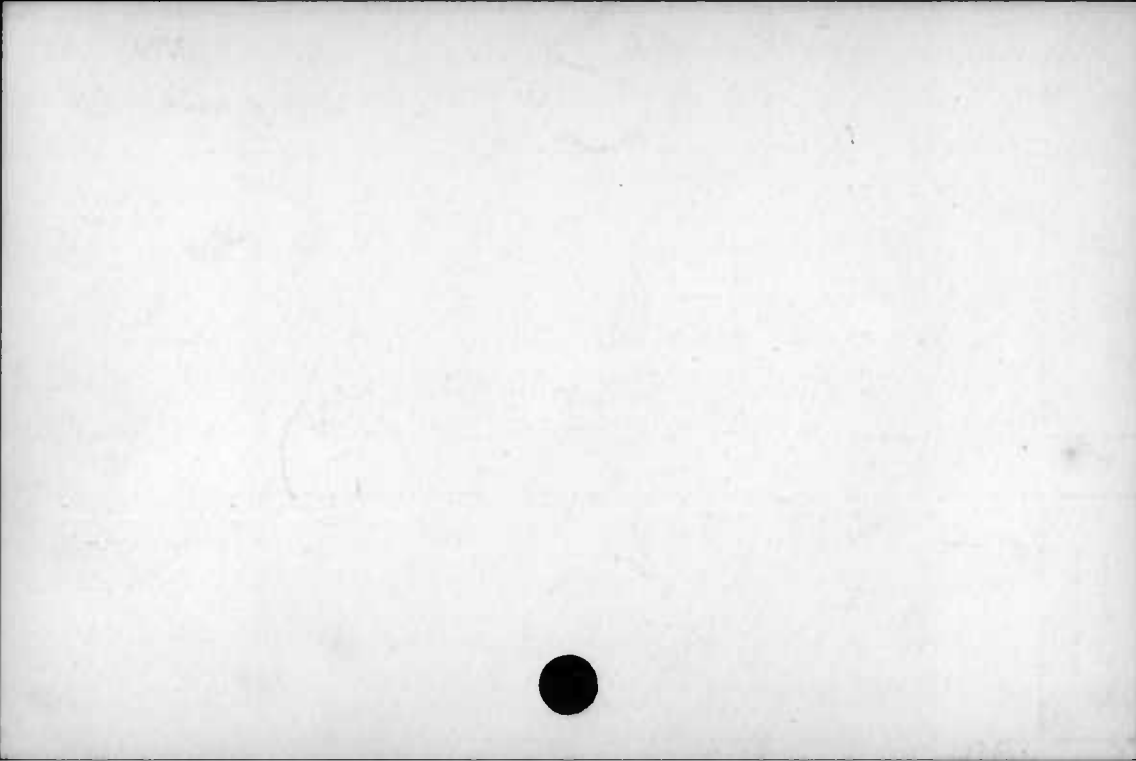
|                                   |                 |               |                 |   |         |          |  |
|-----------------------------------|-----------------|---------------|-----------------|---|---------|----------|--|
| Died at                           |                 | Town          |                 | County                                  |         | MARYLAND |  |
| Date                              | Month           | Day           | Years           | Months                                  | Days    |          |  |
| of death                          | 1908            | June          | 8               | Age                                     | 59      |          |  |
| Sex                               | Female          | Color or Race | White           | Birth-place                             | Ireland |          |  |
| Occupation                        | Housewife       |               |                 | Where Residing if not at place of death |         |          |  |
| Married, Single or Widowed        | Married         |               | Name of Husband | Jenny Mary Phay                         |         |          |  |
| Father's Name                     | Timothy Phay    |               |                 | Father's Birthplace                     | Ireland |          |  |
| Mother's Maiden Name              | Kate Dolan      |               |                 | Mother's Birthplace                     | "       |          |  |
| Name of person giving information | Jenny Mary Phay |               |                 | How related to deceased                 | Husband |          |  |

### CAUSES OF DEATH

|  |  |                        |                     |            |
|--|--|------------------------|---------------------|------------|
| Primary  | Epithelioma of tongue following Rife's disease |                        | How long            | Six months |
| Immediate  | Incontinence                                   |                        | How long            | 3 months   |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician | W. B. Skilling M.D. |            |
| Yes  |  | Address                | Longview            |            |
| Accident or Suicide?   |  | No                     |                     |            |



|  |  |                 |  |   |       |                         |     |    |
|--|--|-----------------|--|---|-------|-------------------------|-----|----|
| Name in Full   |  | infant - Jeff   |  |   |       | CERTIFICATE OF DEATH    |     |    |
| TO BE ANSWERED BY<br>NEAREST FRIEND                                  |  | Died at         |  | Town                                    |       | County                  |     |    |
|  |  | Cumberland      |  | Allegany                                |       | MARYLAND                |     |    |
|  |  | Date of death   |  | 1908                                    | Month | June                    | Day | 24 |
|  |  | Age             |  | Years                                   | —     | Months                  | —   |    |
|  |  | Days            |  | —                                       |       | —                       |     |    |
| Sex  |  | Male            |  | Color or Race                           |       | White                   |     |    |
| Birth-place  |  | Cumberland      |  |   |       |                         |     |    |
| Occupation   |  | none            |  | Where Residing if not at place of death |       |                         |     |    |
| Married, Single or Widowed   |  | —               |  | Name of Wife or Husband                 |       |                         |     |    |
| Father's Name  |  | H. A. Jeff      |  |   |       | Father's Birthplace     |     |    |
| Mother's Maiden Name   |  | Grace Bowden    |  |   |       | Mother's Birthplace     |     |    |
| Name of person giving information                                    |  | E. R. Jeff      |  |   |       | How related to deceased |     |    |
|  |  |                 |  |   |       | Uncle                   |     |    |
|  |  | CAUSES OF DEATH |  |   |       |                         |     |    |
| Primary  |  | Still Born      |  |   |       | How long                |     |    |
| Immediate  |  | —               |  |   |       | How long                |     |    |
| Are the name, age, sex, color, date and place correctly given above? |  | yes.            |  |   |       | Signature of Physician  |     |    |
| Accident or Suicide?   |  | —               |  |   |       | Address                 |     |    |
| —  |  | —               |  |   |       | J. Jones Wilson         |     |    |



Name  
in  
Full

*Ernesta Nipon*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cumberland* Town

County

Date of death *1905* Month *June* Day *13*

*Allegheny* Years

Months

Days

*2*

*20*

Sex *Female*

Color or  
Race

*White*

Birth-  
place

*md*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*John E. Nipon*

Father's  
Birthplace

*W. Va.*

Mother's  
Maiden Name

*Agnes Malony*

Mother's  
Birthplace

*W. Va.*

Name of person giving  
In formation

*Mother*

How related  
to deceased

*Mother*

CAUSES OF DEATH

*8*

Primary

*Whooping Cough & Pneumonia*

How long

*2 week*

Immediate

*Congestion of Brain & Convulsion*

How long

*3 days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

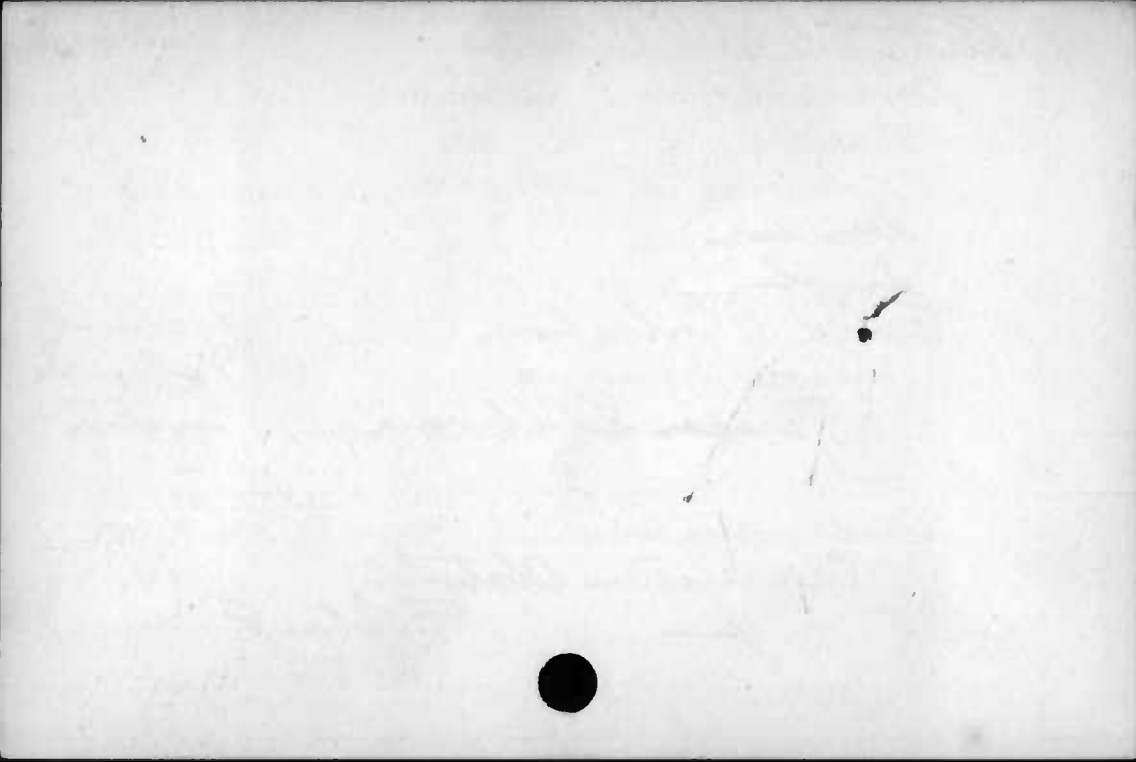
*Dr. L. Broadus*

*Cumberland*

Accident or Suicide?

*No*

*md*



Name  
in  
Full

Patrick O'Callahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

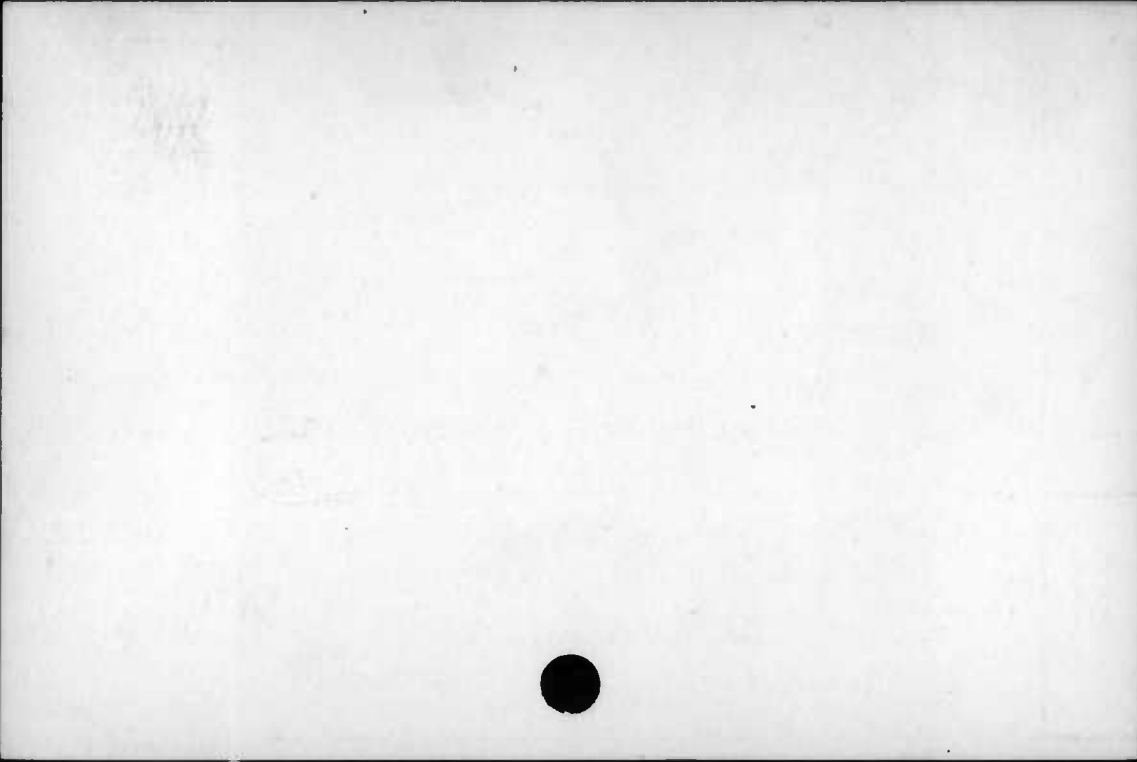
|                                   |                  |                  |                         |   |            |                         |         |
|-----------------------------------|------------------|------------------|-------------------------|---|------------|-------------------------|---------|
| Died at                           |                  | Town<br>Immorton |                         | County<br>Allegheny                     |            | MARYLAND                |         |
| Date of death                     |                  | Month<br>June    | Day<br>35               | Age<br>65                               | Years<br>1 | Months<br>1             | Days    |
| Sex                               | Male             |                  | Color or Race           | White                                   |            | Birth-place             | Ireland |
| Occupation                        | Miner            |                  |                         | Where Residing if not at place of death |            |                         |         |
| Married, Single or Widowed        | Single           |                  | Name of Wife or Husband |   |            |                         |         |
| Father's Name                     | Felix O'Callahan |                  |                         |   |            | Father's Birthplace     | Ireland |
| Mother's Maiden Name              | Alice Kearns     |                  |                         |   |            | Mother's Birthplace     | Ireland |
| Name of person giving information | Teresa Sullivan  |                  |                         |   |            | How related to deceased | Sister  |

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

|  |                           |                        |        |
|--|---------------------------|------------------------|--------|
| Primary  | Carcinoma Stomach & liver | How long               | 6 mos  |
| Immediate  | Exhaustion Obstruction    | How long               | 1 week |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |        |
| yes  |                           | F. Alan G. Murray M.D. |        |
|  |                           | Address                |        |
|  |                           | 2nd Sarge              |        |
| Accident or Suicide?   |                           |                        |        |



| Name<br>in<br>Full   |  | Emma Powers             |                            |   |                         | CERTIFICATE OF DEATH |             |       |
|--|--|-------------------------|----------------------------|---|-------------------------|----------------------|-------------|-------|
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Died at <sup>Town</sup> Frostburg                                    |                         | <sup>County</sup> Allegany |   | MARYLAND                |                      |             |       |
|  | Date of death  | 1908                    | Month                      | 6                                       | Day                     | 27                   | Age         | 35    |
|  | Sex  | Female                  |                            | Color or Race                           | White                   |                      | Birth-place | U. S. |
|  | Occupation   | H. W.                   |                            | Where Residing if not at place of death |                         | Home                 |             |       |
|  | Married, Single or Widowed   | M                       |                            | Name of Wife or Husband                 |                         | John Powers          |             |       |
|  | Father's Name  | Joshua McKenzie         |                            |   |                         | Father's Birthplace  | U. S.       |       |
|  | Mother's Maiden Name   | Eileen Alexander        |                            |   |                         | Mother's Birthplace  | U. S.       |       |
| Name of person giving information  | John Powers  |                         |                            |   | How related to deceased | Husband              |             |       |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">27</div> |  |                         |                            |   |                         |                      |             |       |
| PHYSICIAN<br>OR CORONER  | Primary  | Pneumonia, Tuberculosis |                            |   |                         | How long             | 6 years     |       |
|  | Immediate  | Respiratory Failure     |                            |   |                         | How long             | 3 weeks     |       |
|  | Are the name, age, sex, color, date and place correctly given above? |                         | yes                        |   | Signature of Physician  | Thomas J. McLaughlin |             |       |
|  |  |                         |                            |   | Address                 | Frostburg, Md.       |             |       |
| Accident or Suicide?   |  |                         |                            |   |                         |                      |             |       |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

James Daniel Rafferty  
Frostburg Allegany

MARYLAND

Date  
of death 190

Month June Day 26

Age

Years 7

Months 4

Days 8

Sex

Male

Color or  
Race

W

Birth-  
place

Frostburg Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Chas. Rafferty

Father's  
Birthplace

Frostburg Md

Mother's  
Maiden Name

Ann Station Sealer

Mother's  
Birthplace

Frostburg Md

Name of person giving  
information

Chas Rafferty

How related  
to deceased

Father

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary

Pulmonary congestion

How long

4 days

Immediate

meningitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

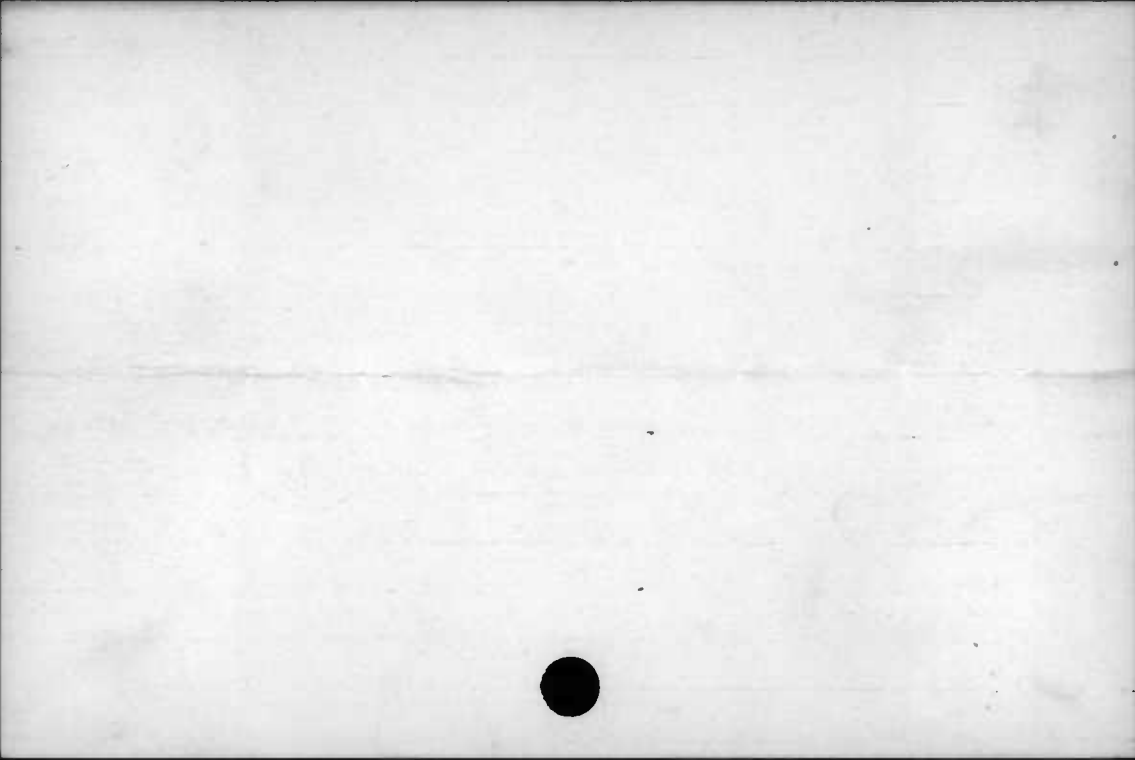
Signature of  
Physician

Address

J. C. Oberly  
Frostburg Md

Accident or Suicide?

No



Name  
in  
Full

Theodore B Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                         |   |                 |               |
|---|----------------------------|-------------------------|---|-----------------|---------------|
| Died at <i>Camden</i>                             |                            | County <i>Alle</i>      |   | MARYLAND        |               |
| Date of death <i>1908</i>                         | Month <i>June</i>          | Day <i>21</i>           | Age <i>—</i>                            | Months <i>8</i> | Days <i>—</i> |
| Sex <i>Male</i>                                   | Color or Race <i>White</i> |                         | Birth-place <i>Ind</i>                  |                 |               |
| Occupation <i>none</i>                            |                            |                         | Where Residing if not at place of death |                 |               |
| Married, Single or Widowed <i>Single</i>          |                            | Name of Wife or Husband |   |                 |               |
| Father's Name <i>B W Rice</i>                     |                            |                         | Father's Birthplace <i>Ind</i>          |                 |               |
| Mother's Maiden Name <i>Florence Devere</i>       |                            |                         | Mother's Birthplace <i>Ind</i>          |                 |               |
| Name of person giving information <i>B W Rice</i> |                            |                         | How related to deceased <i>Father</i>   |                 |               |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |  |   |
|---|--|---|
| Primary   | <i>Cholera Infantum Acute Meningitis</i> | How long <i>five days</i>                 |
| Immediate   | <i>Coma</i>                              | How long <i>one day</i>                   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  | Signature of Physician <i>[Signature]</i> |
| <i>Ston</i>   |  | Address <i>[Signature]</i>                |
| Accident or Suicide? <i>—</i>   |  | <i>[Signature]</i>                        |

198

Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

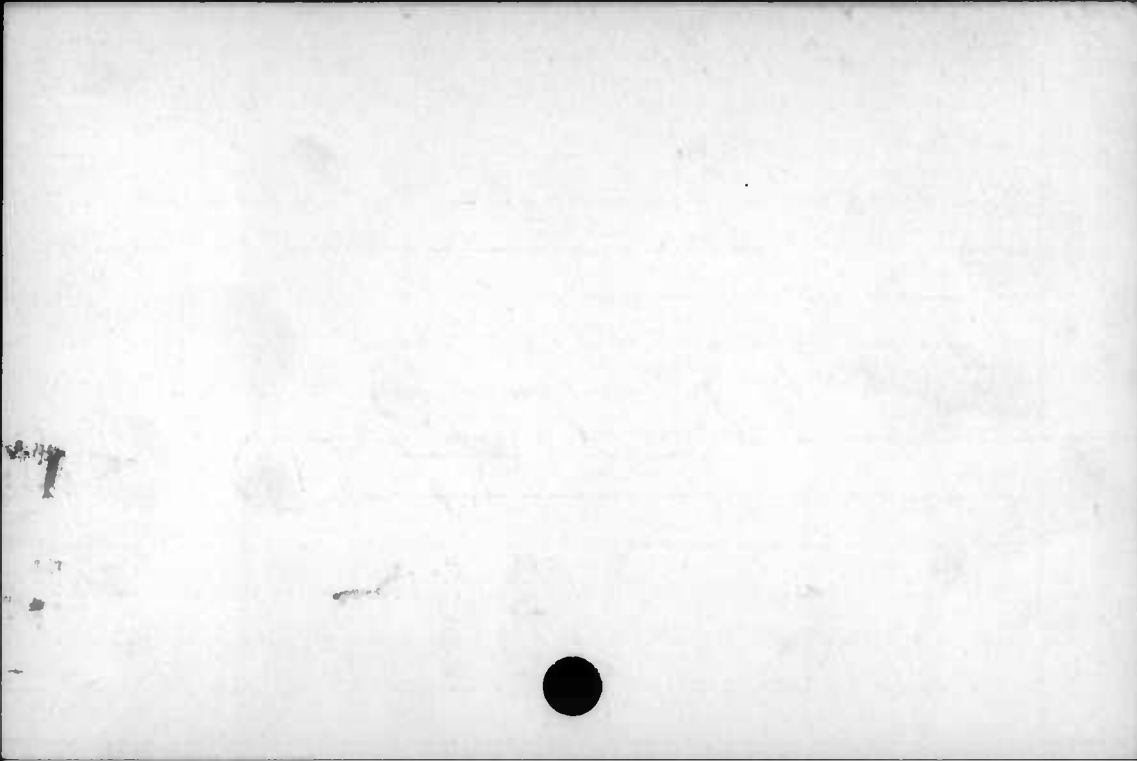
|   |   |                                    |                                    |               |                               |
|---|---|------------------------------------|------------------------------------|---------------|-------------------------------|
| Died at <i>Cumberland</i> <sup>Town</sup> |   | <i>accorgany</i> <sup>County</sup> |                                    | MARYLAND      |                               |
| Date of death                             | <i>1908</i>   | Month <i>6</i>                     | Day <i>21</i>                      | Age <i>56</i> | Months <i>-</i> Days <i>-</i> |
| Sex <i>Female</i>                         | Color or Race <i>White</i>                                |                                    | Birth-place <i>Texas</i>           |               |                               |
| Occupation <i>House Wife</i>              | Where Residing if not at place of death <i>Cumberland</i> |                                    |                                    |               |                               |
| Married, Single or Widowed <i>Single</i>  | Name of Wife or Husband                                   |                                    |                                    |               |                               |
| Father's Name <i>Henry Robinson</i>       | Father's Birthplace <i>unknown</i>                        |                                    | Mother's Birthplace <i>unknown</i> |               |                               |
| Mother's Maiden Name <i>unknown</i>       | Name of person giving information <i>Edward Riley</i>     |                                    | How related to deceased <i>son</i> |               |                               |

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Organic Heart disease</i>  | How long <i>unknown</i>                  |
| Immediate <i>Heart failure</i>  | How long <i>immediate</i>                |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>G. S. Duse</i> |
|   | Address <i>Cumberland Md</i>             |
| <i>Accident or Suicide?</i>   |  |



Name  
in  
Full

David B Rinehart.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

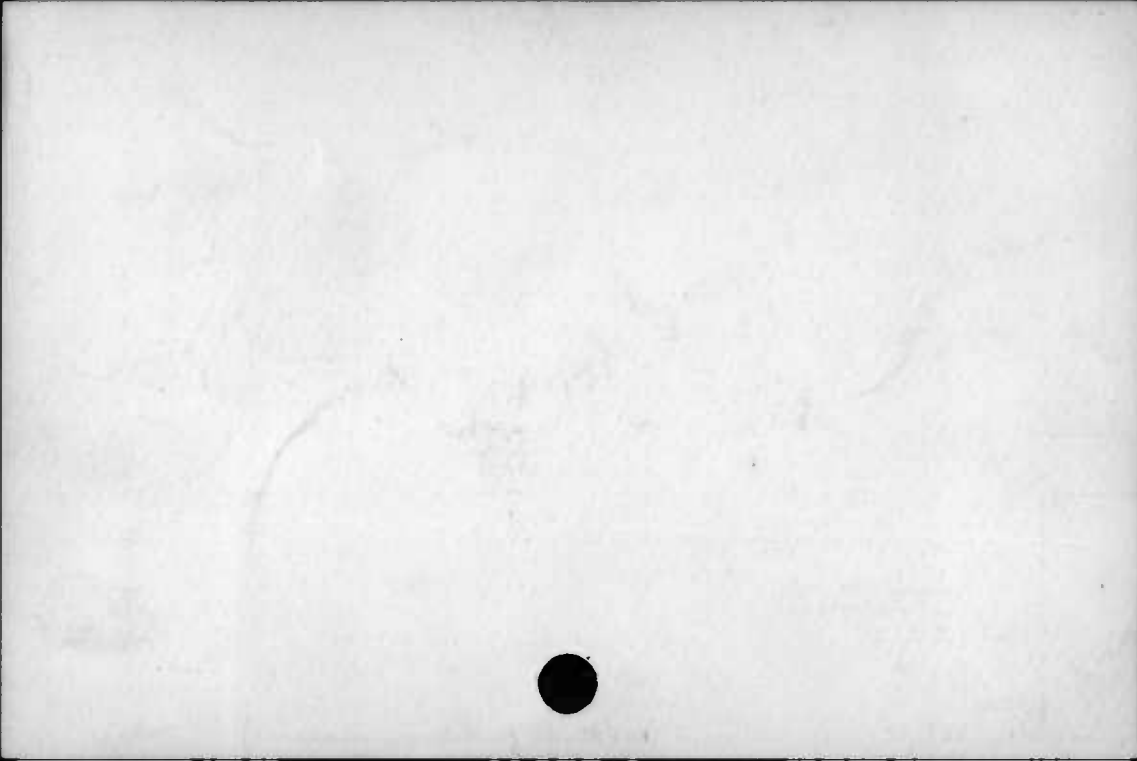
|                                   |                   |                         |   |                         |                         |          |             |           |
|-----------------------------------|-------------------|-------------------------|---|-------------------------|-------------------------|----------|-------------|-----------|
| Died at                           |                   | Cumberd <sup>town</sup> |   | Alleg <sup>County</sup> |                         | MARYLAND |             |           |
| Date of death                     |                   | 1908                    | June                                    | 29                      | Age                     | 48       | Months<br>— | Days<br>— |
| Sex                               | male              | Color or Race           | white                                   | Birth-place             | W Va                    |          |             |           |
| Occupation                        | Laborer           |                         | Where Residing if not at place of death |                         | —                       |          |             |           |
| Married, Single or Widowed        | Married           |                         | Name of Wife or Husband                 | Isabelle Rinehart.      |                         |          |             |           |
| Father's Name                     | David B Rinehart. |                         |   |                         | Father's Birthplace     | W Va     |             |           |
| Mother's Maiden Name              | Elizabeth Upgrove |                         |   |                         | Mother's Birthplace     | W Va     |             |           |
| Name of person giving information | Isabelle Rinehart |                         |   |                         | How related to deceased | Wife     |             |           |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |                        |                        |                 |
|--|------------------------|------------------------|-----------------|
| Primary  | Pulmonary Tuberculosis | How long               | 6 mos.          |
| Immediate  | Asphyxia               | How long               | 4 days.         |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician | W. R. Hodges    |
| yes  |                        | Address                | Cumberland, Md. |
| Accident or Suicide?   |                        |                        |                 |



Name  
in  
Full

David Wallace Ritchie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

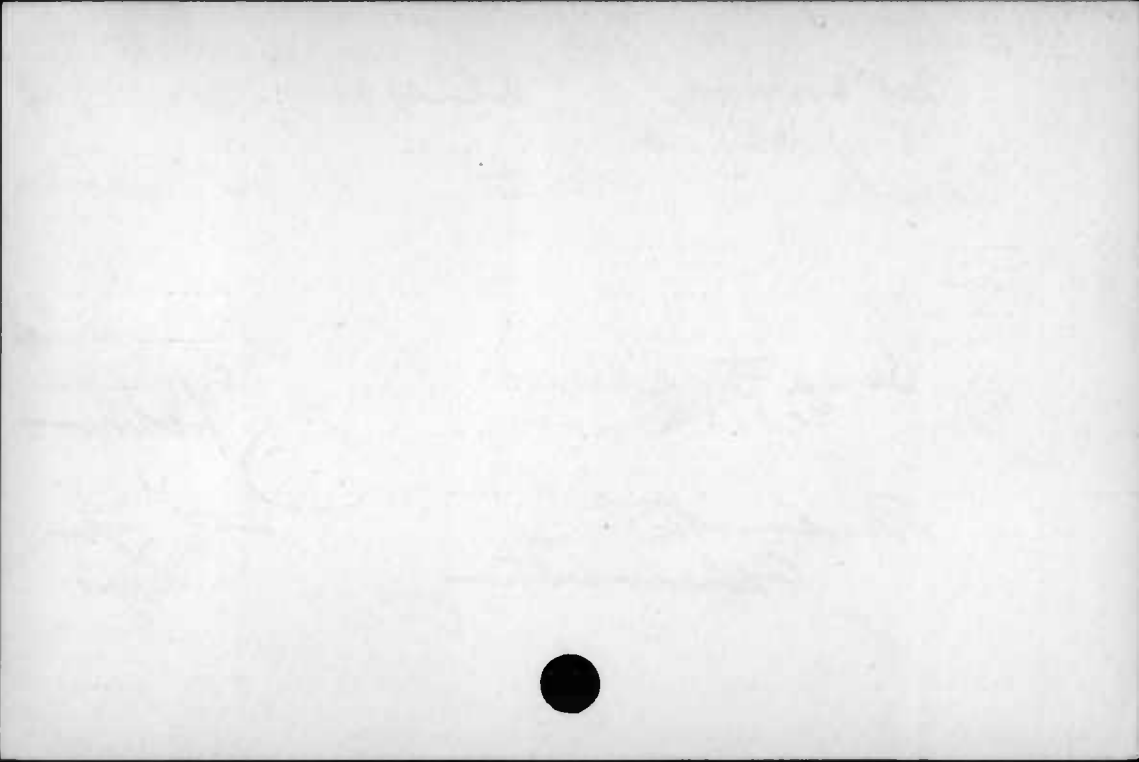
|  |  |                         |   |                  |                |
|--|--|-------------------------|---|------------------|----------------|
| Died at <i>Smacoming</i>                             |  | County <i>Allegheny</i> |   | MARYLAND         |                |
| Date of death <i>1908</i>                            | Month <i>June</i>                          | Day <i>12</i>           | Age <i>5-8</i>                          | Months <i>5-</i> | Days <i>12</i> |
| Sex <i>male</i>                                      | Color or Race <i>white</i>                 |                         | Birth-place <i>Larson Scotland</i>      |                  |                |
| Occupation <i>Merchant-</i>                          |  |                         | Where Residing if not at place of death |                  |                |
| Married, Single or Widowed <i>Married</i>            | Name of Wife <i>Martha Love</i><br>Husband |                         |   |                  |                |
| Father's Name <i>Thomas S. Ritchie</i>               | Father's Birthplace <i>Scotland</i>        |                         |   |                  |                |
| Mother's Maiden Name <i>Isabella Ramsey Wallace</i>  | Mother's Birthplace <i>Scotland</i>        |                         |   |                  |                |
| Name of person giving information <i>Mrs Ritchie</i> |  |                         | How related to deceased <i>wife</i>     |                  |                |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Bright's disease</i>   | How long <i>8 years</i>                             |
| Immediate <i>Anaemia - Bronchitis</i>   | How long <i>2 weeks</i>                             |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>James O. Bullock M.D.</i> |
|   | Address <i>Smacoming Md -</i>                       |
| Accident or Suicide? <i>no</i>  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                            |  |   |  |                |  |
|--|--|----------------------------|--|---|--|----------------|--|
| Name in Full <i>Joseph Theodore Riggs</i>            |  | Town <i>Mt Savage</i>      |  | County <i>Allegany</i>                  |  | MARYLAND       |  |
| Died at  |  | Date of death              |  | Age                                     |  | Months         |  |
| <i>1908</i>  |  | <i>June</i>                |  | <i>19</i>                               |  | <i>3</i>       |  |
| Sex <i>Male</i>                                      |  | Color or Race <i>White</i> |  | Birth-place <i>Mt Savage Md</i>         |  | Days <i>17</i> |  |
| Occupation   |  |                            |  | Where Residing if not at place of death |  |                |  |
| <del>Married, Single or Widowed</del>                |  |                            |  | Name of Wife or Husband                 |  |                |  |
| Father's Name <i>Geo A Riggs</i>                     |  |                            |  | Father's Birthplace <i>Mt Savage Md</i> |  |                |  |
| Mother's Maiden Name <i>Sena Falkner</i>             |  |                            |  | Mother's Birthplace <i>Ellerslie Md</i> |  |                |  |
| Name of person giving information <i>Geo A Riggs</i> |  |                            |  | How related to deceased <i>father</i>   |  |                |  |

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

|  |                     |  |                 |
|--|---------------------|--|-----------------|
| Primary  | <i>Malnutrition</i> | How long   | <i>all life</i> |
| Immediate  | <i>Exhaustion</i>   | How long   | <i>2 days</i>   |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician <i>F. Alan G. Murray M.D.</i> |                 |
|  |                     | Address <i>Mt Savage Md</i>                          |                 |
| Accident or Suicide?   |                     |  |                 |



Name  
in  
Full

## CERTIFICATE OF DEATH

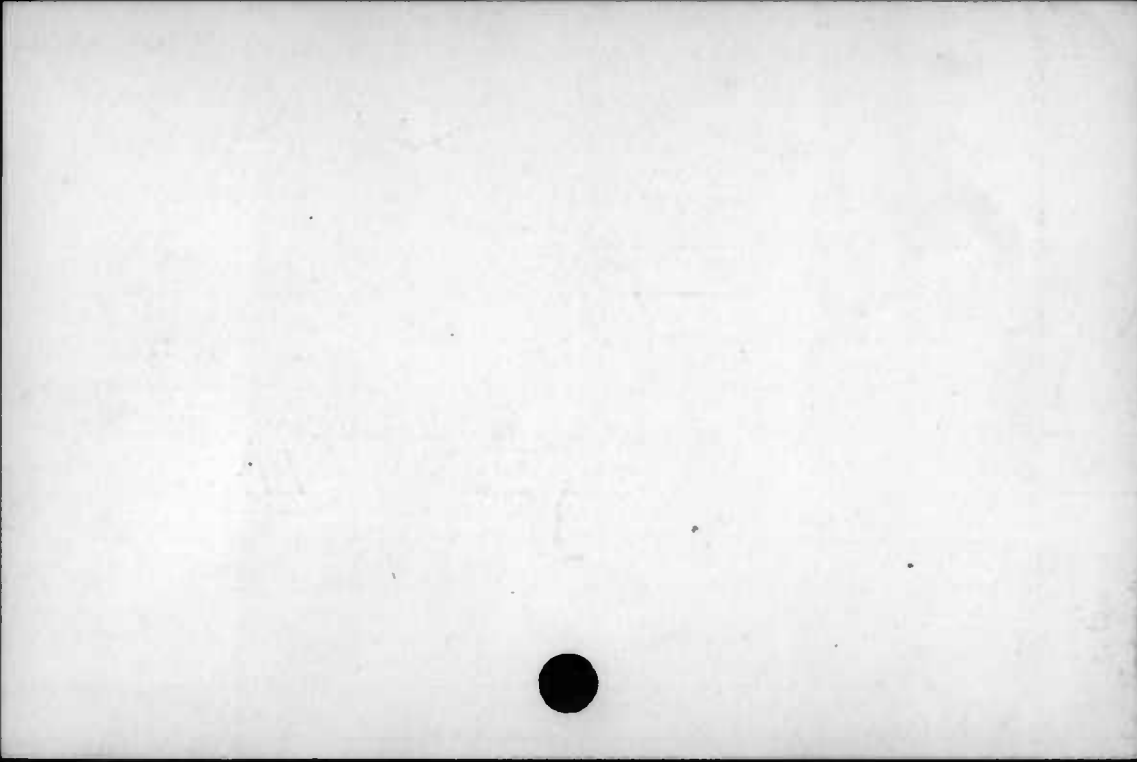
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                        |               |
|---|--|--|--|------------------------|---------------|
| Died at <i>Cumberland</i> <sup>Town</sup>                                       |  | County <i>Allegany</i>                           |  | MARYLAND               |               |
| Date of death <i>1908</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>11</i> |  | Age <i>—</i> <sup>Years</sup>                    |  | Months <i>—</i>        | Days <i>2</i> |
| Sex <i>Female</i>   |  | Color or Race <i>White</i>                       |  | Birth-place <i>Ind</i> |               |
| Occupation <i>—</i>   |  | Where Residing if not at place of death <i>—</i> |  |                        |               |
| Married, Single or Widowed <i>—</i>   |  | Name of Wife or Husband <i>—</i>                 |  |                        |               |
| Father's Name <i>Adam R. Raff</i>   |  | Father's Birthplace <i>Pa</i>                    |  |                        |               |
| Mother's Maiden Name <i>Hester Doffers</i>                                      |  | Mother's Birthplace <i>Ind</i>                   |  |                        |               |
| Name of person giving information <i>Mother</i>                                 |  | How related to deceased <i>Mother</i>            |  |                        |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Valvular Insufficiency</i>   | How long <i>2 da</i>                              |
| Immediate <i>Heart Failure</i>  | How long <i>at once</i>                           |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. B. Broadus, M.D.</i> |
|   | Address <i>Cumberland Md.</i>                     |
| Accident or Suicide? <i>No</i>  |   |



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Name *Ann Stanton*

Town

County

Died at *near Cumberland**Allegheny*

Date

of death *1908*

Month

*June*

Day

*1*

Years

Age

*82*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Bonny Blair  
Ireland*

Occupation

*Home Keeper*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of  
Husband*Patrick Stanton*Father's  
Name*Larrence Ford*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*Catharine Welsh*Mother's  
Birthplace*Ireland*Name of person giving  
information*Mary E. Stanton*How related  
to deceased*daughter*

## CAUSES OF DEATH

154

Primary

*Senility*

How long

*82 yrs*

Immediate

*Paralysis*

How long

*3 mos*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*A. J. Franklin  
Baltimore  
Md.*

Accident or Suicide?



Name

in  
Full

Ella Sullivan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |               |       |   |            |          |  |
|-----------------------------------|----------------|---------------|-------|---|------------|----------|--|
| Died at                           |                | Town          |       | County                                  |            | MARYLAND |  |
| Date of death                     |                | Month         | Day   | Years                                   | Months     | Days     |  |
| 1908                              |                | 6             | 7     | Age 73                                  |            |          |  |
| Sex                               | Female         | Color or Race | White | Birth-place                             | Cumberland |          |  |
| Occupation                        | Housekeeper    |               |       | Where Residing if not at place of death |            |          |  |
| Married, Single or Widowed        | Single         |               |       | Name of Wife or Husband                 |            |          |  |
| Father's Name                     | James Sullivan |               |       | Father's Birthplace                     |            |          |  |
| Mother's Maiden Name              | Sarah Fisher   |               |       | Mother's Birthplace                     |            |          |  |
| Name of person giving information |                |               |       | How related to deceased                 |            |          |  |

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

|  |            |               |        |
|--|------------|---------------|--------|
| Primary  | Apoplexy   | How long      | 4 days |
| Immediate  | Exhaustion | How long      | -      |
| Are the name, age, sex, color, date and place correctly given above? |            | Yes           |        |
| Signature of Physician   |            | E. H. White   |        |
| Address  |            | Cumberland Md |        |
| Accident or Suicide?   |            |               |        |

Geo. L. Carder, M.D.,  
Secretary Board of Health.

*Donald and*  
*me*

*Dr. Miller*

Geo. L. Carder, M.D.,  
Secretary Board of Health.

*Carder - me and*  
*me and*

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

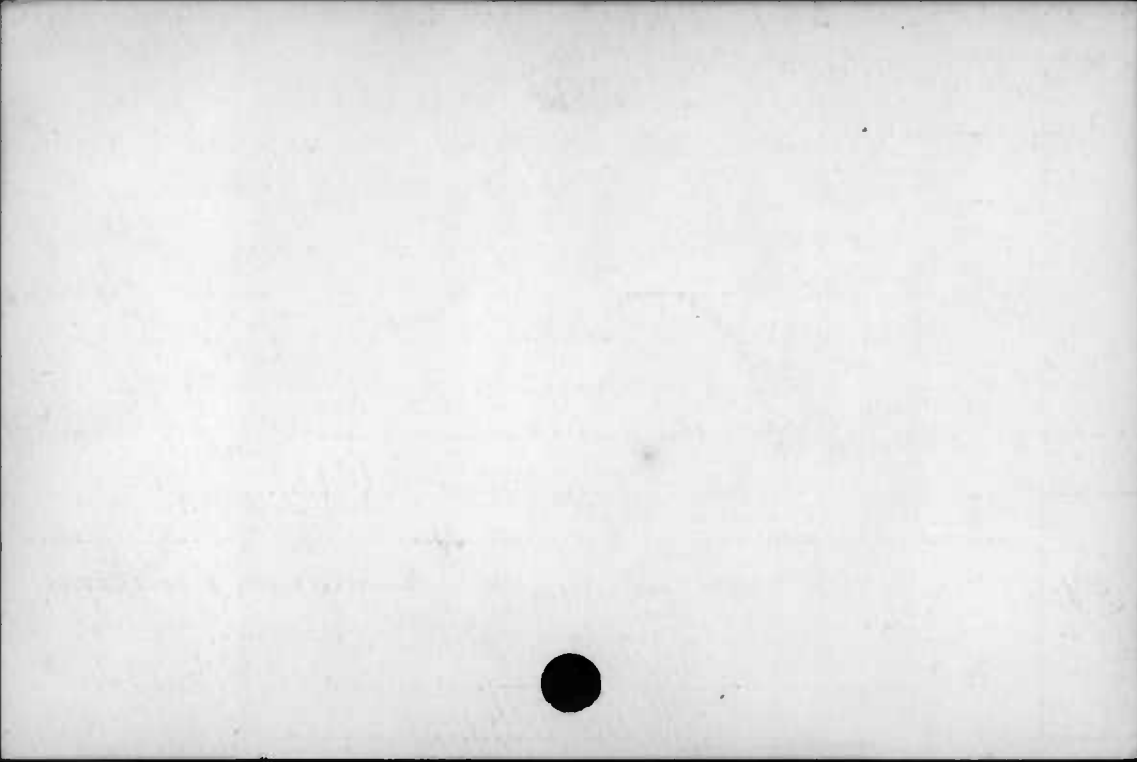
|                                   |                 |                       |   |                         |             |
|-----------------------------------|-----------------|-----------------------|---|-------------------------|-------------|
| Died at <u>Cumberland</u> Town    |                 | <u>Waddell</u> County |   | MARYLAND                |             |
| Date of death                     | 1908            | June                  | 14                                      | Age                     | 7           |
| Sex                               | Female          | Color or Race         | White                                   | Birth-place             | Cumby Md.   |
| Occupation                        | Infant.         |                       | Where Residing if not at place of death |                         |             |
| Married, Single or Widowed        |                 |                       | Name of Wife or Husband                 |                         |             |
| Father's Name                     | John G. Waddell |                       |   | Father's Birthplace     | Virginia    |
| Mother's Maiden Name              | Mamie Maloney   |                       |   | Mother's Birthplace     | W. Virginia |
| Name of person giving information | John G. Waddell |                       |   | How related to deceased | Father      |

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

|  |                  |                      |           |
|--|------------------|----------------------|-----------|
| Primary  | Bronchopneumonia | How long             | 2 weeks.  |
| Immediate  | Asphyxia         | How long             | 24 hours. |
| Are the name, age, sex, color, date and place correctly given above? |                  | Yes.                 |           |
| Signature of Physician   |                  | William R. Ford M.D. |           |
| Address  |                  | 116 Virginia Ave.    |           |
| Accident or Suicide?   |                  | Cumberland Md.       |           |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Albert Wade*

Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland*

Date of death *1908 June 24* Age *27* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Machinist* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Clara Cahill*

Father's Name *Barton Wade* Father's Birthplace *Md*

Mother's Maiden Name *Sallie Gray* Mother's Birthplace *Md*

Name of person giving information *Mrs Clara Wade* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *2 weeks*

Immediate *Hemorrhage* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. L. Broadbent*

Address *Cumberland Md.*

Accident or Suicide? *No.*

~~Chop~~ Pa

(1)

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

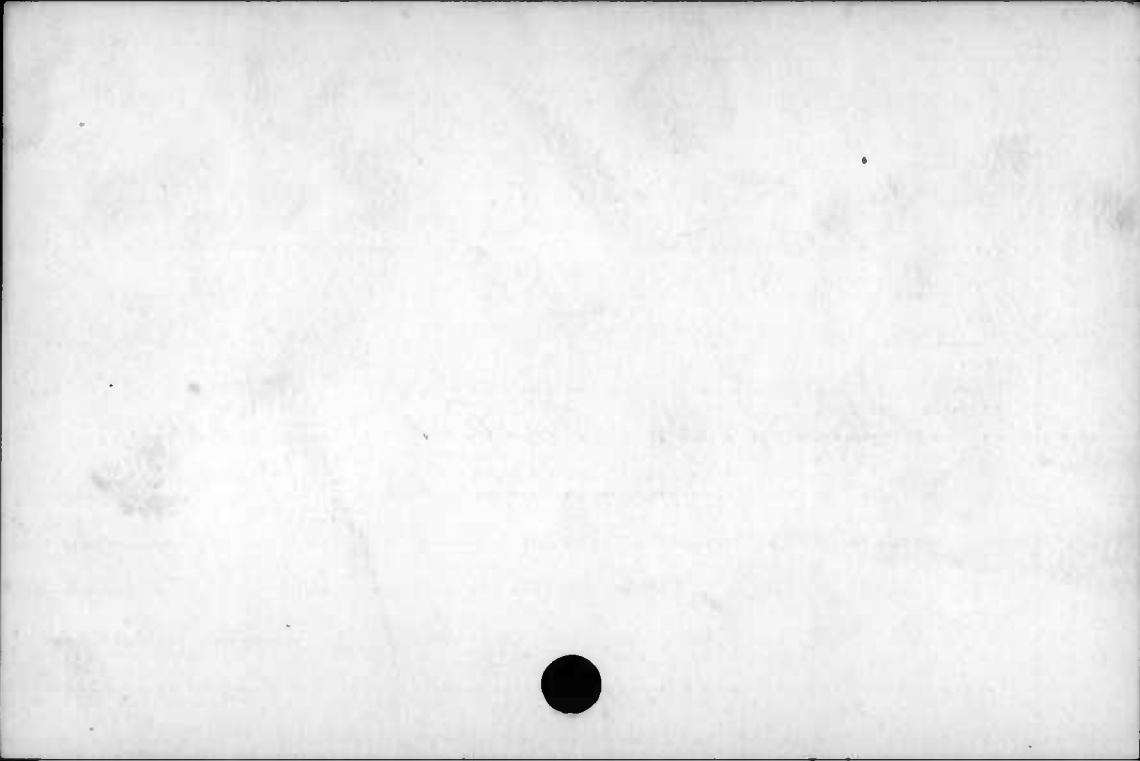
Tessie Winfield  
 Died at Cumby Town and County allergany  
 Date of death 1908 Month 6 Day 22 Age 29 Years Months Days  
 Sex Female Color or Race Black Birth-place W Va  
 Occupation Servant Where Residing if not at place of death Cumbyland  
 Married, Single or Widowed Single Name of Wife or Husband  
 Father's Name unknown Father's Birthplace unknown  
 Mother's Maiden Name unknown Mother's Birthplace unknown  
 Name of person giving information Wm K Presto How related to deceased son

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis (Pulmonary) How long unknown  
 Immediate Exhaustion How long  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Patient was only  
under my care two  
days.  
 Signature of Physician E. S. Duke M.D.  
 Address Cumbyland Md  
 Accident or Suicide



| Name in Full  |  | James Fredrick Gantz     |              |                         |   | CERTIFICATE OF DEATH   |                  |
|---|--|--------------------------|--------------|-------------------------|---|------------------------|------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at  | Town<br>Woodland         |              | County<br>Allegheny     |   | MARYLAND               |                  |
|   | Date of death  | 1908                     | Month<br>Jun | Day<br>19               | Age<br>22                               | Years<br>11            | Months<br>15     |
|   | Sex  | male                     |              | Color or Race           | white                                   |                        | Birth-place      |
|   | Occupation   | R.R. Fireman (C & P Co)  |              |                         | Where Residing if not at place of death | Woodland               |                  |
|   | Married, Single or Widowed   | married                  |              | Name of Wife or Husband | Lillie Perkins                          |                        |                  |
|   | Father's Name  | John Wm Gantz            |              |                         |   | Father's Birthplace    | Anderswood Pa.   |
|   | Mother's Maiden Name   | Julia F. Cusworth Taylor |              |                         |   | Mother's Birthplace    | Boonville        |
| Name of person giving information   | J. K. White  |                          |              |                         | How related to deceased                 | None                   |                  |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> |  |                          |              |                         |   |                        |                  |
| PHYSICIAN<br>OR CORONER   | Primary  | Typhoid Fever            |              |                         |   | How long               | 2 to Hay's       |
|   | Immediate  | Hemorrhage bowels        |              |                         |   | How long               | 12 hrs           |
|   | Are the name, age, sex, color, date and place correctly given above? | Yes                      |              |                         |   | Signature of Physician | J. Kilgour White |
|   | Address  |                          |              |                         |   | National               | Manlyland        |
| Accident or Suicide?  |  |                          |              |                         |   |                        |                  |

